Republic of Botswana

Ministry of Health

Health Inspectorate

Matrix Chart

National Health Quality Standards and guidelines for Emergency Medical Services

Table of Contents

SE 1 Management and Leadership

Criteria	Criteria Description	Linked Criteria			
1.1.1.5	The Organisation has a valid licence, issued by acknowledged healthcare licensing authority, to operate as an emergency medical service.	1.1.3.1			
1.1.2.1	The leaders establish a framework for the ethical management of the organisation.	1.2.1.1 1.2.1.6 1.2.2.1 1.3.1.5			
1.1.3.1	The organisation has a document explaining the details of its ownership and licensure	1.1.1.5			
1.2.1.1	There is an appropriately licensed and trained medical director who is accountable for the oversight of all medical activities of the organisation	1.1.2.1 2.1.1.2			
1.2.1.2	The medical director is accountable for the development, implementation and monitoring of clinical dispatch functions	1.2.5.1			
1.2.1.3	The medical director is accountable for the development, implementation and monitoring of all patient care and transport protocols	1.4.1.9			
1.2.1.4	The medical director is accountable for the training and development and clinical performance monitoring of employees that provide medical care	1.2.4.10	2.1.1.4 2.2.2.2 2.2.2.6 2.2.3.1		
1.2.1.5	The medical director is accountable for the medical components of the quality management and improvement programme	1.2.5.6 1.2.5.7 1.4.1.9 1.5.1.3	6.2.1.4	8.1.1.1 8.1.1.2	
1.2.1.6	The medical director and the managerial leaders select clinical practice guidelines	1.1.2.1 1.2.3.1 1.2.4.1 1.2.4.2			

1.2.1.7	The medical director and the managerial leaders adapt guidelines as appropriate for the patients served by the organisation and the resources available within the organisation.	4.2.1.4	
1.2.1.8	Guidelines are used in clinical monitoring as part of a structured clinical audit	1.2.3.1 1.2.2.3 1.2.2.4 1.2.2.5	
1.2.1.10	There is a quality control programme for point of care (POC) tests conducted by the organisation that meets or exceeds the manufacturer's recommendations	10.2.1.1	
1.2.2.1	Organisation leaders plan with the community leaders and the leaders of other organisations to meet the community's emergency and medical transport system needs	1.1.2.1 1.4.1.2 1.4.1.3	5.1.3.9
1.2.2.2	The organisation plans community education consistent with its mission, services and patient population.	4.1.1.1	
1.2.2.3	The organisation's medical direction and senior management leaders collaborate to provide uniform care processes	1.2.1.8	
1.2.2.4	Similar care is provided in all patient care settings	1.2.1.8	
1.2.2.5	Protocols not to treat or transport are developed by senior management in conjunction with, and approved by, medical direction	1.2.1.8 1.2.5.2	

Ref	Description						
1.2.3.1	The leaders ensure that there are policies and procedures to guide and support the different services offered by the organisation	1.2.1.6 1.2.1.8 1.2.4.1 1.3.1.3 2.1.1.5 2.3.1.1 2.3.1.4	3.1.1.1 3.2.1.2 3.2.1.3. 3.2.1.4 3.2.1.5 3.2.1.6 3.2.1.7	3.3.1.2 3.3.1.3 3.3.1.4	4.3.2.2 5.1.1.1 6.4.2.2 6.4.2.3	7.1.1.8 7.2.1.4 7.2.2.2 7.4.1.9 7.7.1.7	9.3.2.1 9.3.2.2 9.3.2.4 9.3.2.5
		10.1.1.1 10.3.1.1					
1.2.3.4	There is a process to ensure that staff and key volunteers are familiar with relevant policies and procedures	1.2.4.10	2.2.1.5 2.2.2.3				
1.2.4.1	The organisation's medical direction and managerial leaders have identified high-risk patients and service	1.2.1.6 1.2.3.1					
1.2.4.2	A collaborative process was used to develop applicable policies and procedures	1.2.1.6					
1.2.4.10	Staff members are trained in the policies and procedures	1.2.1.4 1.2.4.1 1.2.3.4					
1.2.5.1	The medical director is responsible for the clinical decisions and care rendered by the emergency medical dispatchers (EMDs).	1.2.1.2					
1.2.5.2	The medical director approves and controls the EMDs' priority reference system	1.2.2.5	4.2.1.1				
1.2.5.6	The medical director is responsible for the evaluation of medical care and prearrival instructions rendered by the EMD personnel	1.2.1.5					
1.2.5.7	Managers measure compliance with protocol through on-going random case reviews for each EMD	1.2.1.5	4.2.1.3				
1.2.7.1	Medications identified for special control (by law or organisational policy) are stored in a	1.3.1.5					

ID	Description							
	cabinet of substantial construction for which only authorised personnel have the keys							
1.2.7.2	Medications identified for special control (by law or organisational policy) are accurately accounted for	1.3.1.5						
1.3.1.2	The manager has the education and experience to carry out his or her responsibilities	2.1.1.2						
1.3.1.3	The manager recommends policies to the governing body	1.2.3.1						
1.3.1.5	The manager ensures compliance with applicable laws and regulations	1.1.2.1 1.2.7.1 1.2.7.2 1.4.1.10	2.2.3.3 2.3.1.2 2.3.1.3 2.4.1.1 2.4.1.5	3.2.3.2	6.1.2.3 6.4.5.5	7.2.1.1 7.2.1.3 7.6.2.4 7.7.2.1	9.1.3.1 9.3.1.6 9.3.1.7	10.1.2.1
1.3.1.7	The manager or director manages human, financial and other resources	2.1.1.1 2.2.4.1 2.4.1.1	3.2.2.1 3.2.2.4	7.4.1.3 7.5.1.6	9.1.3.2 9.3.1.3 9.4.1.2			
1.4.1.1	The Organisation has a written response and deployment plan including the identification of response areas and availability of response units.	7.5.1.1						
1.4.1.2	The plan includes coordination with other governmental, private, public safety and/or military agencies, and the appropriate conditions for turning patients over to these agencies	1.2.2.1						
1.4.1.3	The organisation designs and implements processes to provide coordination of services among other organisations and agencies in the community	1.2.2.1						
1.4.1.9	The response and deployment plan includes response time standards	1.2.1.3 1.2.1.5						

Criteria	Criteria Description	Linked Criteria
1.4.1.10	The response time standards meet local, regional or national laws and regulations	1.3.1.5
1.5.1.3	Contracts and other arrangements are monitored as part of the organisation's quality management and improvement programme	1.2.1.5

SE 2 Human Resource Management

Criteria	Criteria Description	Linked Criteria
2.1.1.1	There is a documented process for staffing the emergency medical service	1.2.1.1, 1.3.1.7, 3.2.1.1, 3.3.1.1, 6.1.3.1, 7.1.1.2, 7.6.2.1, 7.6.2.2, 7.7.1.1, 9.3.1.1
2.1.1.2	The desired education, qualifications, skills and knowledge are defined for all personnel	1.2.1.1, 1.3.1.2, 2.2.3.2, 2.4.1.2, 2.4.1.7, 4.3.1.4, 5.1.4.4, 7.1.1.2, 7.5.1.4, 7.6.2.2, 7.6.4.3, 9.4.1.7, 10.2.1.3
2.1.1.4	There is at least one documented evaluation of personnel each year, or more frequently, as defined by the service	1.2.1.4
2.1.1.5	New staff members are evaluated in accordance with the policies determined by the service	1.2.3.1
2.2.1.4	The orientation and induction programme prepares personnel for their roles and responsibilities in the Emergency Medical Services	7.6.2.6, 10.2.1.4
2.2.1.5	The orientation and induction programme introduces personnel to the applicable legislation and policies and procedures of the Emergency Medical Services	1.2.3.4

2.2.2.2	There is a written in-service training programme for personnel in the EMS, which is coordinated with the inservice training programme of the district	1.2.1.4	7.7.1.8
2.2.2.3	The in-service training programme ensures that all personnel are competent and updated when new systems or equipment are installed or new policies, procedures or legislation are introduced	1.2.3.4	
2.2.2.6	The Emergency Medical Services manager ensures that personnel attend training on health and safety	1.2.1.4	
2.2.3.1	There is a system for identifying and addressing the training needs of EMS personnel, consistent with the EMS objectives	1.2.1.4	
2.2.3.2	The continuing education plan ensures the provision of information on advances in practice relating to EMS	2.1.1.2 2.4.2.1 2.4.2.3	
2.2.3.3	The plan ensures adequate opportunity to fulfil requirements for continued registration with the professional regulating body	1.3.1.5	2.2.4.2
2.2.4.1	There is a designated member of the personnel of the EMS who coordinates student internship	1.3.1.7	
2.2.4.2	The training programme is structured in accordance with the guidelines of the appropriate registration body and training centres	2.2.3.3	
2.3.1.1	There are mutually agreed policies and procedures with the staff for the satisfactory conduct of industrial relations activities	1.2.3.1	
2.3.1.2	Written disciplinary procedures which meet the requirements of current legislation are available	1.3.1.5	

2.3.1.3	There is a grievance procedure in terms of current legislation.	1.3.1.5	
2.3.1.4	There are dispute and appeal procedures.	1.2.3.1	
2.4.1.1	Those permitted by law, regulation and the organisation to provide patient care without supervision are identified.	1.3.1.5 1.3.1.7	10.4.1.1
2.4.1.2	The registration, education, training and experience of these individuals are documented.	2.1.1.2	
2.4.1.4	There is a record on every healthcare professional staff member	2.5.1.1	
2.4.1.5	The record contains copies of any required registration certificate(s).	1.3.1.5 2.5.1.1	
2.4.1.7	A determination is made about the current qualifications of the individual to provide patient care services.	2.1.1.2	
2.4.2.1	Staff members to be trained in life support techniques are identified	2.2.3.2	
2.4.2.3	The training is repeated every two years	2.2.3.2	
2.5.1.1	Personnel information is maintained for each staff member	2.4.1.4 2.4.1.5	
2.6.1.1	Properly trained and experienced counsellors are available to assist staff after major incidents	7.2.2.3	

SE 3 Administration Support

Criteria	Criteria Description	Linked Criteria	
3.1.1.1	Financial managers ensure that policies and procedures are available to guide staff and that they are implemented	1.2.3.1	
3.1.1.2	There is a mechanism for developing budgets (e.g. cost centres) with the participation of staff		
3.2.1.1	A designated individual is responsible for the ordering, storage, distribution and control of equipment and supplies used in the facility	2.1.1.1	
3.2.1.2	Policies and procedures guide the ordering of supplies and equipment	1.2.3.1	
3.2.1.3	Policies and procedures guide the payment for supplies and equipment received.	1.2.3.1	
3.2.1.4	Policies and procedures guide the safe storage of supplies and equipment.	1.2.3.1	3.2.3.1 3.2.3.2
3.2.1.5	Policies and procedures guide the issue of supplies and equipment	1.2.3.1	3.2.2.1
3.2.1.6	Policies and procedures guide the condemning of equipment.	1.2.3.1	
3.2.1.7	Policies and procedures guide the security of order books and other face-value documents.	1.2.3.1	3.2.3.1
3.2.2.1	A record is kept of goods received and goods issued	1.3.1.7	3.2.1.5
3.2.2.4	There is an inventory of all goods stored	1.3.1.7	
3.2.3.1	Secure storage facilities are available	3.2.1.4 3.2.1.7	
3.2.3.2	Hazardous and flammable materials are stored in accordance with relevant regulations.	1.3.1.5 3.2.1.4	
3.3.1.1	A designated individual is responsible for the storage, maintenance and retrieval of health records	2.1.1.1	6.4.1.1
3.3.1.2	The health record manager ensures that policies and procedures are available to guide staff and that they are implemented	1.2.3.1	6.1.2.1

Criteria	Criteria Description	Linked Criteria		
3.3.1.3	Policies and procedures relate to the safeguarding of patient information against loss, damage, breach of confidentiality or use by unauthorised persons	1.2.3.1		
3.3.1.4	Policies and procedures are developed for health record destruction, specifying the criteria for selection and method of destruction of records	1.2.3.1	6.1.2.4 6.4.1.3 6.4.1.8	

SE 4 Access to Services

Criteria	Criteria Description	Linked Criteria		
4.1.1.1	The organisation provides access information to the community	1.2.2.2		
4.2.1.1	The organisation has a prioritisation process for medical transport requests	1.2.5.2		
4.2.1.3	The process is monitored for compliance to protocol.	1.2.5.7	4.2.2.4	
4.2.1.4	The guidelines are approved by the organisation's medical direction leaders	1.2.1.7		
4.2.2.4	Call waiting times are monitored.	4.2.1.3		
4.3.1.2	The process addresses situations in which transfer is not possible.			
4.3.1.4	During transfer, a qualified, licensed staff member monitors the patient's condition	2.1.1.2		
4.3.2.2	The records of transferred patients contain notes as required by the policy of the transferring and receiving organisations.	1.2.3.1		

SE 5 Patients and Family Rights

Criteria	Criteria Description	Linked Criteria		
5.1.1.1	Policies and procedures guide and support patient and family rights in the organisation	1.2.3.1 5.1.3.1 5.1.3.2 5.1.3.3 5.1.3.4	5.1.2.4 5.1.3.5 5.1.5.2 5.1.7.4 5.1.7.5	
5.1.2.3	The organisation respects patient health information as confidential.	6.2.1.8 6.4.1.7		
5.1.2.4	Policies and procedures to prevent the loss and/or misuse of patient information are implemented.	5.1.1.1		
5.1.3.1	The organisation has policies and procedures guiding staff on when to initiate and when to terminate resuscitation measures in line with their scope of practice	5.1.1.1		
5.1.3.2	The organisation has policies and procedures to guide staff encountering patients who choose to forego resuscitative or life-sustaining interventions	5.1.1.1		
5.1.3.3	Policies and procedures for initiating and terminating resuscitation are developed in conjunction with medical direction	5.1.1.1		
5.1.3.4	Policies and procedures guide staff in the handling of and the legal and regulatory requirements for clearly expired patients	5.1.1.1		
5.1.3.5	Policies and procedures guide the transport of potential organ donors without self-sustaining vital signs prior to arrival in the emergency department setting.	5.1.1.1		

| 5.1.3.9 | The organisation's policies and procedures regarding end-of-life care conform to its community's religious and | 1.2.2.1 | | |

Criteria	Criteria Description		
	cultural norms and to any legal or regulatory requirements		
5.1.4.4	The organisation educates health professionals in assessing and managing pain.	2.1.1.2	
5.1.5.2	Policies include which healthcare providers may obtain consent	5.1.1.1	
5.1.7.3	Policies and procedures identify participants in the process.	5.1.1.1	
5.1.7.4	Policies and procedures identify participants in the process.	5.1.1.1	
5.1.7.5	Policies and procedures identify how the patient and family participate	5.1.1.1	

SE 6 Management of Information

Criteria	Criteria Description	Linked Criteria		
6.1.2.1	The organisation has a policy on the retention of dispatch records, dispatch calls, patient records and other data and information	3.3.1.2		
6.1.2.3	Records, data and information are retained according to policy or laws and regulations	1.3.1.5	6.4.1.6	
6.1.2.4	Records, data and information are destroyed appropriately	3.3.1.4		
6.1.3.1	Sufficient staff members support the implementation.	2.1.1.1		
6.2.1.4	Aggregate data and information support the quality management programme	1.2.1.5	7.1.1.6	9.4.1.9
6.2.1.8	Security and confidentiality of patient-specific data and information are maintained when contributing to or using external databases	5.1.2.3		

6.4.1.1	A clinical record is initiated for every patient assessed or treated by the organisation	3.3.1.1
6.4.1.3	Records and information are protected from loss or destruction according to documented policies and procedures	3.3.1.4
6.4.1.6	Records and information are protected from tampering and un-prescribed access or use according to documented policies and procedures.	6.1.2.3
6.4.1.7	Access is consistent with organisation confidentiality and security policies	5.1.2.3
6.4.1.8	Records, data and information are destroyed appropriately.	3.3.1.4
6.4.2.1	The specific content of patient records has been determined by the organisation.	10.1.1.1
6.4.2.2	Those prescribed to make entries in the patient record are identified in organisation policy.	1.2.1.3
6.4.2.3	The format and location of entries are determined by organisation policy	1.2.1.3
6.4.5.5	Record contents required by law or regulation are included in the review process	1.3.1.5

SE 7 Risk Management

Criteria	Criteria Description	Linked Criteria	
7.1.1.2	One or more qualified and/or skilled and/or experienced individuals supervise the implementation of the risk management programme	2.1.1.2 2.1.1.1	
7.1.1.3	The risk management programme includes documented processes for the identification of all risks (physical, environmental, medico-legal, operational, etc.) relating to organisational processes and systems, staff, patients, visitors and physical facilities	7.3.1.2	
7.1.1.4	The risk management programme includes documented plans and actions to eliminate or reduce the identified risks	9.1.2.1 9.1.2.2	
7.1.1.5	The risk management programme includes the on-going monitoring of risks through documented risk assessments	9.1.2.4 9.1.2.5	
7.1.1.6	Analysed data on negative incidents is used to monitor the effectiveness of the risk management programme	6.2.1.4	
7.1.1.8	Management and leaders ensure the development and implementation of written policies and procedures for all risk management processes and activities	1.2.3.1	
7.2.1.1	A health and safety committee, where applicable, is constituted in terms of current legislation	1.3.1.5	
7.2.1.3	Health and safety meetings are held at a frequency determined by legislation, and when requested by staff or management.	1.3.1.5	
7.2.1.4	Written policies and procedures on all aspects of health and safety guide staff in maintaining a safe work environment	1.2.3.1	

7.2.2.2.	The organisation provides its staff with written policies and procedures on its provisioning of occupational health services.	1.2.3.1	
7.2.2.3	The occupational health service includes the provision of information and training on risks specific to the healthcare workers (e.g. manual handling, needle stick injuries).	2.6.1.1	
7.3.1.2	Security systems provide for internal and external security	7.1.1.3	
7.4.1.3	Fire-fighting equipment is available in each ambulance or other patient transport vehicle	1.3.1.7	
7.4.1.9	Annual staff training in fire prevention and evacuation procedures is documented	1.2.1.3	
7.5.1.1	The organisation plans its response to likely community emergencies, epidemics and natural or other disasters	1.4.1.1	
7.5.1.4	The disaster preparedness plan ensures that disaster response employees are well trained	2.1.1.2	
7.5.1.6	Communication equipment is available in emergencies.	1.3.1.7	9.2.1.1
7.6.2.1	One or more individuals oversee the infection, biologic and chemical agent control programme	2.1.1.1	
7.6.2.2	The individuals are qualified for the scope and complexity of the programme	2.1.1.2 2.1.1.1	
7.6.2.4	The BCA control programme is based on applicable laws and regulations	1.3.1.5	
7.6.2.6	All staff members receive orientation to the organisation's BCA control procedures and practices	2.2.1.4	
7.6.4.3	The organisation provides the necessary training to personnel as appropriate for their assigned tasks.	2.1.1.2	
7.7.1.1	An individual member of staff is identified to be responsible for infection control in the organisation	2.1.1.1	

Criteria	Criteria Description	Linked Criteria	
7.7.1.7	Written policies and procedures guide staff in the implementation of the infection control programme	1.2.3.1	
7.7.1.8	Regular in-service training to staff in the field of infection control is documented	2.2.2.2	
7.7.2.1	Waste is managed according to a written plan consistent with current local by-laws and regulations	1.3.1.5	

SE 8 Quality Management and Improvement

Criteria	Criteria Description	Linked Criteria	
8.1.1.1	Those, who govern and lead participate in planning and monitoring the quality management and improvement programme	1.2.1.5	
8.1.1.2	Medical direction participates to plan and carry out the quality management and improvement programme	1.2.1.5	

SE 9 Facilities, equipment and Vehicle Management

Criteria	Criteria Description	Linked Criteria	
9.1.2.1	The organisation has a programme to manage the physical facility.	7.1.1.4	
9.1.2.2	The Programme is effective in preventing injury and maintaining safe, operating and working conditions.	7.1.1.4	
9.1.2.4	The organisation has a documented, current, accurate inspection of its physical facilities	7.1.1.5	
9.1.2.5	The organisation has a plan to reduce evident risks based on the inspection	7.1.1.5	

9.1.3.1	The organisation's leaders are responsible for ensuring compliance with laws, regulations and other requirements applicable to the organisation's facilities, equipment and vehicles.	1.3.1.5
9.1.3.2	The organisation has a programme to manage its vehicle fleet.	1.3.1.7
9.1.3.3	The leaders ensure that the organisation meets the conditions of facility inspection reports, periodic equipment review, vehicle maintenance records or citations.	9.4.1.3 9.3.3.5
9.1.3.4	The organisation plans and budgets to meet applicable laws, regulations and other requirements	9.3.2.3
9.2.1.1	Each facility where emergency medical (ambulance) services (EMS) are provided has a reliable telephone connection (down time less than 48 hours) and back-up is provided by 2-way radio and/or cell phone	7.5.1.6
9.3.1.1	A specific manager is identified for the control, use and maintenance of vehicles	2.1.1.1
9.3.1.3	There is a system for monitoring the use of vehicles (permission, records)	1.3.1.7
9.3.1.6	Drivers of vehicles are suitably licensed.	1.3.1.5
9.3.1.7	Vehicles are suitably licensed.	1.3.1.5
9.3.2.1	Policies and procedures include the sites at which vehicles may be cleaned	1.2.3.1
9.3.2.2	Policies and procedures specify that vehicles may only be cleaned at purposedesigned wash-bays with appropriate filters to prevent environmental contamination	1.2.3.1
9.3.2.3	The organisation budgets for the provision of appropriate wash facilities	9.1.3.4

Criteria	Criteria Description	Linked Criteria
9.3.2.4	Policies and procedures specify what cleaning methods and chemicals must be used for cleaning vehicles	1.2.3.1
9.3.2.5	Policies and procedures address the training of personnel in proper cleaning methods	1.2.3.1
9.3.3.5	The organisation has a documented, current, accurate inspection of its transport and other vehicles	9.1.3.3
9.4.1.2	There is an inventory or asset register of all equipment.	1.3.1.7
9.4.1.3	Equipment is regularly inspected	9.1.3.3
9.4.1.7	Qualified individuals provide these services.	2.1.1.2
9.4.1.9	Monitoring data is used for purposes of planning and improvement	6.2.1.4

SE 10 Patient Care

Criteria	Criteria Description	Linked Criteria		
10.1.1.1	Organisation policy and procedure define the information to be obtained for different types of patients.	1.2.3.1	6.4.2.1	10.1.1.4
10.1.1.4	Assessment findings are documented in the patient's record.	10.1.1.1		
10.1.2.1	Only those individuals permitted by licensure, applicable laws and regulations or certification perform the assessments.	1.3.1.5		
10.2.1.1	The organisation identifies any point of care tests to be conducted	1.2.1.10		
10.2.1.3	Staff have had specific training in the test they perform	2.1.1.2		
10.2.1.4	Staff are oriented to the tests performed by the Organisation.	2.1.1.4		

10.3.1.1	Policies and procedures guide uniform care and reflect relevant laws and regulations	1.2.3.1
10.4.1.1	Individuals administering or causing sedation are trained to monitor patients carefully in order to maintain them at the desired level of sedation	2.4.1.1