

Title	Pakistan's National Accreditation Standards for Hospitals - Phase-I
Author	TACMIL Health Project
Project Title	TACMIL Health Project
Contract/Project Number	GHS-I-01-07-0003-00 Order No. 01
SO Number	SO 7
Sponsoring USAID Office	USAID/Pakistan
Contractor Name	Abt Associates Inc. in collaboration with AASA Consulting, Banyan Global, Internews, Logistics Management Institute and UTi Pakistan Pvt. Ltd.
Date of Publication	April, 2009



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PAKISTAN'S NATIONAL ACCREDITATION STANDARDS FOR HOSPITALS

PHASE – I

APRIL 2009

This publication was produced for review by the United States Agency for International Development. It was prepared jointly by Dr. Thomas E. Schwark, Principal Associate, Abt Associates Inc., and members of the Core Group for Pakistan's National Accreditation Standards for Hospitals.

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PHASE – I

USAID Task Order # GHS-I-01-07-0003

DISCLAIMER

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government

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Patient Centered Standards

Pakistan's National Accreditation Standards for Hospitals Phase 1

Access, Assessment, and Continuity of Care (AAC)

AAC.1: Laboratory services are provided as per the requirements of the patients.

Objective Elements

- a. Scope of the laboratory services are commensurate to the services provided by the organization.

Survey Process:

This will require surveyor judgment.

Scoring:

- This element should default to a score of fully met unless the survey team agrees that there are insufficient laboratory procedures to support the services provided by the hospital.
- b. Adequately qualified and trained personnel perform and/or supervise the investigations.

Survey Process:

Each laboratory person should have a job description that defines the required level of training and experience. Review a sample (2-3) of human resource files for laboratory technical and supervisory staff to determine if their qualifications match the requirements in the job description.

Scoring:

- If the sampled individuals' qualifications match the requirements in the job description, or if there are only minor variances (such as only 4 years of experience instead of 5), score as fully met.
 - If only one technician does not have the qualifications required by the job description, score as partially met, provided that there is evidence of enhanced supervision or training of this individual.
 - If two or more technicians do not have the required qualifications (in the job description), score as not met
- c. Policies and procedures guide collection, identification, handling, safe transportation, processing and disposal of specimens.

Survey Process:

Review the laboratory policy and procedure manual to validate that it covers all the 6 requirements. Then, by observation (for example, how a patient whose blood is being drawn was positively identified and how the specimen was labeled). It is always important to verify that the policy or procedure is not just written, but is actually implemented and followed.

Scoring:

- If there are policies and procedures for all the 6 requirements, and evidence that they are followed, score as fully met.
- Since this is of significant patient safety (misidentified patient and mislabeled specimens are a common source of laboratory errors), if there are no implemented policies and procedures for all 6 requirements, score as not met.

d. Laboratory results are available within a defined time frame.

Survey Process:

While visiting the laboratory, review their written definition of time frames for test results to be available. Then, see if the laboratory has data to show that the times are being met. If the surveyor needs further validation, while on an in-patient unit, review 2-3 medical records. Look for the time of the physician order for the test, and compare with when the result was available.

Scoring:

- If there are defined times for results to be available and these times are met with only occasional delays (less than 5 percent), score as fully met.
- If there are defined time frames, but they are met between 85 -95 percent of the time, score as partially met.
- If there are no defined time frames or they are met is less than 85 percent of the time, score as not met

e. Critical results are reported immediately to the concerned personnel.

Survey Process:

The laboratory should have defined critical values for all relevant tests and should have documentation (such as a log book) that the critical results were reported as soon as available. This is a significant patient safety issue.

Scoring:

- If there are defined critical values and there is documentation that they are reported as soon as available, score as fully met.
- If there are no critical values, or if there is no consistent and defined process to report them as soon as available, score as not met.

- f. Laboratory tests not available in the organization are outsourced to organization(s) based on their quality assurance system.

Survey Process:

Determine which laboratory or laboratories the hospital uses and then look for documentation that the laboratory or laboratories have demonstrated quality (for example by being accredited by the Pakistan National Accreditation Council or any other evidence of quality). If the hospital has used a referral laboratory for some time and is comfortable that the results are accurate and timely, this experience can be sufficient.

Scoring:

- If there is evidence that the referral laboratory or laboratories are of quality (even if only by the hospital's experience), score as fully met.
- If there is no evidence that the referral laboratory is of quality, score as not met.

AAC. 2: Imaging services are provided as per the requirements of the patients.

Objective Elements

- a. Imaging services comply with legal and other requirements.

Survey Process:

There should be documentation in the radiology department of its compliance with all legal and or regulatory requirements.

Scoring:

- This standard should default to a score of fully met unless the survey team finds evidence that there are issues making the department non-compliant with either legal or regulatory requirements.
- b. Scope of the imaging services are commensurate to the services provided by the organization.

Survey Process:

This will require surveyor judgment.

Scoring:

- This element should default to a score of fully met unless the survey team agrees that there are insufficient radiology procedures to support the services provided by the hospital.

- c. Adequately qualified and trained personnel perform, supervise and interpret the investigations.

Survey Process:

Each member of the radiology department should have a job description that defines the required level of training and experience. Review a sample (2-3) of human resource files for radiology technical and supervisory staff to determine if their qualifications match the requirements in the job description.

Scoring:

- If the sampled individuals' qualifications match the requirements in the job description, or if there are only minor variances (such as only 4 years of experience instead of 5), score as fully met.
- If only one technician does not have the qualifications required by the job description, score as partially met, provided that there is evidence of enhanced supervision or training of this individual.
- If two or more technicians do not have the required qualifications (in the job description), score as not met

- d. Policies and procedures guide identification and safe transportation of patients to imaging services.

Survey Process:

Review the policies and procedures. Specifically look for how the patient is positively identified and ensured that the correct imaging procedure is done. Look for evidence that if any specific medical attendance or equipment needs to accompany the patient to the department, there is a clear process to ensure this happens. Specifically look for evidence (by observation or interview of staff) that the patient is positively identified.

Scoring:

If there are implemented policies and procedures for patient identification and safe transport, score as fully met.

If either there are no policies, or that there is no evidence that they have been implemented and are being followed, score as not met.

- e. Imaging results are available within a defined time frame

Survey Process:

While visiting the radiology department, review their written definition of time frames both for the availability of the procedure and the availability of the report.. Then, see if the department has data to show that the times are being met. If the surveyor needs further validation, while on an in-patient unit, review 2-3 medical records. Look for the time of the physician order for the procedure, and compare with when the result was available.

Scoring:

- If there are defined times for the procedure to be available and the results to be available and these times are met with only occasional delays (less than 5 percent), score as fully met.
- If there are defined time frames, but they are met between 85 -95 percent of the time, score as partially met.
- If there are no defined time frames or they are met is less than 85 percent of the time, score as not met

f. Critical results are intimated immediately to the concerned personnel.

Survey Process:

Unlike the laboratory, critical findings on images depend to a great extent on the clinical judgment of the radiologist. However, the department should at least have some general guidelines and a way to document that the findings were reported as soon as possible. This is a significant patient safety issue.

Scoring:

- If there are some general guidelines for critical findings and there is documentation that they are reported as soon as available, score as fully met.
- If there is no understanding of what constitutes a critical imaging finding, or if there is no consistent and defined process to report them as soon as available, score as not met.

g. Imaging tests not available in the organization are outsourced to organization(s) based on their quality assurance system.

Survey Process:

There should be evidence that the radiology services to whom patients are referred has been approved by the Pakistan Nuclear Regulatory Commission and that the hospital has a history of receiving timely and accurate reports from the referral radiology service.

Scoring:

- If the referral radiology services are approved by the Pakistan Nuclear Regulatory Commission and the hospital has sufficient experience to know that reports are timely and accurate, score as fully met.
- This should only be scored as not met if the entire survey team agrees that there are significant problems with the referral radiology services.

Care of Patients (COP)

COP. 1: Emergency services are guided by policies, procedures and applicable laws and regulations.

Objective Elements

a. Policies and procedure for emergency care are documented.

Survey Process:

Review the policies and procedures which should cover the administration of the emergency area (triage, waiting times, admission/registration, legal reporting requirements, and patient transfer). There should be evidence by observation and interview of staff members that the policies and procedures have been implemented.

Scoring:

- If there are policies and procedures, staffs are aware of them, and there is evidence that they are followed, score as fully met.
- If there are policies and procedures but only 1 - 2 staff members are not aware of them, or if only 1-2 have not yet been implemented, score as partially met.
- If there are no policies and procedures, or if none have been implemented, score as not met.

b. Policies also address handling of medico-legal cases

Survey Process:

The policy should define what types of cases should be reported and to whom (what agency) they should be reported.

Scoring:

If there are policies defining what types of cases are “medico-legal” and to whom and how to report, score as fully met.

Since this is a legal requirement, if there are no policies, score as not met.

c. The patients receive care in consonance with the policies.

Survey Process:

This will need to be surveyed by observation and interview of staff members.

Scoring:

This should default to a score of fully met unless the survey team agrees that there is evidence that one or more policies are not being followed.

d. Policies and procedures guide the triage of patients for initiation of appropriate care.

Survey Process:

Look for a formal triage process, ideally based on a written algorithm. The most important issue is to validate that triage is based on an evaluation of the patient's presenting complaint and/or condition and NOT on time of arrival (first come, first served) or mode of arrival (ambulance versus walk-in). A walk-in patient may well have more emergent needs than the patient who arrived by ambulance.

Scoring:

If there is a triage process and it is based on actual clinical (brief) evaluation, score as fully met.

If there is a triage process, but it is not consistently based on at least a brief clinical evaluation of the patient, score as partially met. Surveyor judgment is required since some presenting complaints (chest pain) should trigger immediate attention even without a brief clinical evaluation.

If there is no triage process or if it is based only on first come, first served, score as not met.

- e. Staff is familiar with the policies and trained on the procedures for care of emergency patients.

Survey Process:

This is surveyed by observation and interview with staff members.

Scoring:

- This should be scored the same as for objective element c.

- f. Admission or discharge to home or transfer to another organization is also documented.

Survey Process:

Review a sample (approximately 10) files or other documentation (e.g., log book) of patients who were discharged home or transferred to another facility to determine if this was documented.

Scoring:

- If this is always (100 percent) documented, score as fully met.
- If only 1-2 cases fail to document this, score as partially met.
- If 3 or more of the cases review do not document this, score as not met.

COP. 2: Policies and procedures define rational use of blood and blood products.**Objective Elements**

- a. Documented policies and procedures are used to guide rational use of blood and blood products.

Survey Process:

Review the policies and procedures. When relevant to what blood bank services the hospital provides, the policies should include at least: donor screening, processing of blood, storage of blood, administration of blood, and identification and analysis of real or suspected transfusion reactions.

Scoring:

- If there are policies and procedures and they include at least the 5 requirements (if relevant to what blood services the hospital provides), score as fully met.
- Since blood services are such a critical patient safety issue, if any of the 5 requirements (relevant to the hospital's blood service) are not present, score as not met.

b. The transfusion services are governed by the applicable laws and regulations.

Survey Process:

The surveyors will need to be aware of the applicable laws and regulations. This is surveyed by documentation (such as an external official inspection), interview, or observation.

Scoring:

- This should default to a score of fully met unless the survey team agrees that there are significant issues.

C: Informed consent is obtained for donation and transfusion of blood and blood products.

Survey Process:

While visiting the blood bank identify the names of approximately 5 patients who received blood. Then review the medical records of these patients to determine if there is a documented informed consent. If the hospital processes donors, also review a sample (5) to determine if the donor provided informed consent. It is important to note that evidence of informed consent can be either a signed form or a note by the physician that the patient's verbal consent was obtained.

Scoring:

- If informed consent is obtained in 100 percent of cases, score as fully met.
- Since this is a significant medico-legal issue, if ANY case does not have a documented informed consent, score as not met.

d. Informed consent also includes patient and family education about donation.

Survey Process:

This objective element focuses attention on the “informed” part of consent. Although it does not specifically state, this requirement for education/information should also apply to informed consent for administration of blood (except of course in an emergency).

Scoring:

- If there is evidence that education/information was provided to the patient or family in ALL cases, score as fully met.
- Since this is a significant medico-legal issue, if ANY case (donor or recipient) does not have documentation of education/information, score as not met.

e. Staff is trained to implement the policies.

Survey Process:

While visiting the blood bank, by observation (if they are following his policy and procedure they must have been adequately trained) or interview with staff members.

Scoring:

- This objective element should default to a score of fully met unless the survey team identifies significant gaps in either knowledge or practice.

f. Transfusion reactions are analyzed for preventive and corrective actions.

Survey Process:

Ask for documentation of any transfusion reaction in the past 1-2 years and evaluate whether the documentation demonstrated analysis and recommended actions. It is possible that there have been no transfusion reactions. In that case, the surveyors should evaluate whether there are clear written procedures for analysis if one should occur. Also see CQI.2, Objective Element f.

Scoring:

- If there had been a transfusion reaction and it was fully analyzed or if the survey team is comfortable that there are written procedures to follow if one occurs, score as fully met.
- If there had been a transfusion reaction and there is no documented evidence of how it was analyzed, or if there had been no transfusion reaction but the blood bank does not have any written procedure for analysis, score as not met.

COP. 3: Policies and procedures guide the care of high risk obstetrical patients

Objective Elements

- a. The organization defines and displays whether high risk obstetric cases can be cared for or not.

Survey Process:

Since many patients will not know if they are high risk or not, it is important that the hospital has informed its obstetrical patients of the definition of high risk and its capability to provide services for these women. The second important issue is that the hospital has informed those practitioners and facilities that might refer such patients of the hospital's capability to provide care to high risk obstetric cases. There must be documentation of this information (such as letters to referring providers and facilities and information to its own obstetric patients).

Scoring:

- If the hospital has informed its own obstetric patients and its referring practitioners and other facilities of its capability to care for high risk obstetric cases, score as fully met.
 - If the hospital has informed its own patients, but not referring providers or facilities, score as partially met.
 - If the hospital has neither informed its own patients or referring providers or facilities, score as not met.
- b. Persons caring for high risk obstetric cases are competent.

Survey Process:

Although this will require surveyor judgment, the surveyors should look for at least the following: the availability of at least two specialists (so that there is 24 hour/day, 7 day/week coverage) who are fully qualified in obstetrics and who either have advanced training in high risk obstetrics or documented experience. In addition, there should be evidence that members of the nursing staff who care for such patients have either advanced degrees or documented experience.

Scoring:

- This objective element should default to a score of fully met unless the survey team agrees that there is lack of evidence that ALL personnel who participate in the care of high risk obstetric patients have appropriate qualifications.

- c. High risk obstetric patient's assessment also includes maternal nutrition.

Survey Process:

This will be surveyed by review of a sample (minimum of 5) of the medical records of high risk obstetric patients

Scoring:

- If all records document assessment of the patient's nutritional status (including corrective measures if needed), score as full met.
- If only one medical record does not document this but it is clinically obvious that the patient had good nutritional status, score as partially met.
- If more than one record fails to document the patient's nutritional status, score as not met.

d. .The organization caring for high risk obstetric cases has the facilities to take care of neonates of such cases.

Survey Process:

Although this may require some surveyor judgment, the following minimum should be present (and in working order): emergency resuscitation drugs, Ambu bag with appropriate neonatal size face masks, laryngoscope with neonatal size blades, a selection of neonatal size endo-tracheal tubes, an oxygen and suction source, a warmer work station, incubators, and trays to allow cannulation of an umbilical artery, exchange transfusion trays, infusion pumps to assure no volume overload of the neonate.

Scoring:

- If all the equipment listed above is present and in good working order, score as fully met.
- If all the required equipment and supplies defined above are not present, but the survey team agrees that the hospital has safely defined alternatives, score as partially met.
- If the survey team agrees that any critical equipment or supplies are not available, score as not met.

COP. 4: Policies and procedures guide the administration of anesthesia.

Objective Elements

a. There is a documented policy and procedure for the administration of anesthesia.

Survey Process:

The surveyor should look for at least the following policies: pre-anesthesia evaluation, assignment of an anesthesia risk score (such as an ASA score), documentation requirements during anesthesia, recording of any complications, post-anesthesia monitoring requirements, and discharge from anesthesia care criteria.

Scoring:

- If there are policies and procedures that are implemented that cover all the 6 requirements, score as fully met.
- If there are policies and procedures for all the 6 requirements, but only 5 of the 6 have been implemented, score as partially met.
- If either there are no policies and procedures, or if only 5 of the 6 exist or if less than 5 have been implemented, score as not met.

- b. All patients for anesthesia have a pre-anesthesia assessment by a qualified individual.

Survey Process:

Review a sample (10) records of patients who underwent anesthesia. Determine if there is a documented pre-anesthesia assessment. The assessment should be done by an anesthesia professional unless the hospital has identified another specialty that is qualified to do the pre-anesthesia assessment.

Scoring:

- If there is a pre-anesthesia assessment by a qualified (as defined by the hospital) for ALL patients, score as fully met.
- Since this is an important patient safety issue, if ANY medical record does not include a documented pre-anesthesia assessment, score as not met.

- c. The pre-anesthesia assessment results in formulation of an anesthesia plan which is documented.

Survey Process:

This objective element is intended to validate that the pre-anesthesia identifies any risks and determines the appropriate anesthesia approach (for example, a patient with multiple back injuries or surgeries might not be a safe candidate for a spinal anesthesia or a patient with chronic obstructive pulmonary disease might be a safe candidate for inhalation anesthesia). Review a selection of medical records of patients who underwent anesthesia to determine if the anesthesia plan matches the pre-anesthesia assessment (some surveyor judgment required).

Scoring:

- If the anesthesia plan reflects the findings of the pre-anesthesia assessment (surveyor judgment), score as fully met.
- Only score as not met if the survey team agrees that there are significant discrepancies between the pre-anesthesia assessment and the anesthesia administered

- d. An immediate preoperative re-evaluation (pre-induction) is documented.

Survey Process:

The intent of this objective element is to ensure that if the more formal pre-anesthesia assessment had been done previously that there are no current problems or findings that might have changed and thus change the anesthesia decision. The immediate pre-anesthesia repeat evaluation should be documented on the anesthesia record that becomes part of the patient's medical record.

Scoring:

- If the immediately prior to induction of anesthesia re-evaluation is documented in ALL records, score as fully met.
- If the immediately prior to induction of anesthesia re-evaluation is NOT documented in ALL records, score as not met.

e. Informed consent for administration of anesthesia is obtained by a qualified member of the anesthesia team.

Survey Process:

Reviewing the same records as above, determine if all patients who underwent anesthesia have a documented informed consent. Recall that this documentation can either be a signed consent form or a note by the responsible physician.

Scoring:

- If all records contains documentation of informed consent, score as fully met.
- Since this is a significant medico-legal issue, if ANY record does not contain documentation of informed consent, score as not met.

f. During anesthesia monitoring includes regular and periodic recording of heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, airway security and patency and level of anesthesia.

Survey Process:

This objective element is surveyed by observation. While visiting the operating theatre look for the presence of (and fully functioning) equipment that supports all the requirements in this objective element.

Scoring:

- This should default to a score of fully met unless the survey team agrees that there are significant deficiencies in the hospital's ability to monitor patients during anesthesia (for example, only one monitor for two or more rooms such that some patients are not monitored).

g. Each patient's post-anesthesia status is monitored and documented.

Survey Process:

Review medical records (approximately 5) of patients in the recovery area or who have been there previously. There should be documented evidence of post-anesthesia monitoring that includes at least: blood pressure, pulse rate, level of consciousness, and pain.

Scoring:

- If all records document the requirements above, score as fully met.
 - If only one record does not document all the requirements, score as partially met.
 - If more than one record does not document all the requirements, score as not met.
- h. A qualified individual applies defined criteria to transfer the patient from the recovery area.

Survey Process:

Look first for the written criteria for discharge from the recovery area. Then while reviewing the records as in Objective Element h, determine if an anesthesiologist or other qualified person (the hospital may allow nurses to discharge patients based on criteria established by the medical anesthesia staff) has done so.

Scoring:

- This should default to a score of fully met unless the survey team identifies examples where patients were discharged from post-anesthesia care before they met the established discharge criteria.
- i. All adverse anesthesia events are recorded and monitored.

Survey Process:

Ask for the report(s) of any anesthesia adverse events. If there are any, review the analysis and any corrective action is indicated by the analysis. If there have been no adverse events, validate that there is a process to identify the event and to intensively analyze it, including recommended corrective actions.

Scoring:

- If there has been an adverse anesthesia event and there is evidence of meaningful evaluation and appropriate action if warranted, score as fully met. If there has been no adverse anesthesia event but the survey team is comfortable that the hospital has a process to identify such events and a process to analyze them, also score as fully met.
- If there was anesthesia adverse event and it was not either reported or analyzed, or if there is not process to analyze an adverse event if it were to occur, score as not met.

COP.5. Policies and procedures guide the care of patients undergoing surgical procedures.

Objective Elements

- a. The policies and procedures are documented.

Survey Process:

There are written policies, that include pre-operative, intra-operative and post-operative care

Scoring:

- If there are written (and implemented) policies for pre-operative, intra-operative and post-operative care, score as fully met.
- If there are policies, but at least one has not been implemented yet, score as partially met.
- If there are no, or only one policy, score as not met.

- b. Surgical patients have a preoperative assessment and a provisional diagnosis documented prior to surgery.

Survey Process:

Review a sample (10) of medical records of patients who underwent surgery to determine if a pre-operative assessment (surgeon's history and physical examination or pre-operative note) is present and that a pre-operative provisional diagnosis was documented.

Scoring:

- If there is a pre-operative history and physical examination or a pre-operative note by the surgeon that includes a provisional pre-operative diagnosis, score as fully met.
- If there is a pre-operative history and physical examination or surgeon's note, but no pre-operative provisional diagnosis, score as partially met.
- If there is no pre-operative history and physical examination or surgeon's note, score as not met.

- c. An informed consent is obtained by a qualified member of the surgical team prior to the procedure.

Survey Process:

Review the same 10 records to determine if an informed consent was obtained and documented in the medical record. The informed consent must include evidenced that the patient was educated /informed. This is surveyed in the same way as for Policies and procedures guide the administration of anesthesia

Scoring:

- If ALL the medical record documents an informed consent (a signed form or a note by the physician), score as fully met.
 - Since this is a significant medico-legal issue, if ANY record does not have documentation of informed consent, score as not met.
- d. Documented policies and procedures exist to prevent adverse events like wrong site, wrong patient and wrong surgery.

Survey Process:

This is a critically important patient safety issue. In at least 10 medical records of patients who had surgery look for the following implemented and documented processes: marking of the surgical site when there is the possibility of bilateral confusion, a pre-operative checklist to ensure that all documents (X-rays, medical records, etc.) and needed equipment is available, and a “time out” prior to induction of anesthesia to ensure that all members of the surgical team are in agreement that this is the correct patient, this is the correct procedure for this patient, and that this is (if relevant) the correct side.

Scoring:

- To be scored as fully met, all 3 requirements (marking when relevant, use of a checklist, and a “time-out” must be used and documented in the medical record.
 - If ANY of the three requirements are not documented in the medical record, score as not met.
- e. Persons qualified by law are permitted to perform the procedures that they are entitled to perform.

Survey Process:

The surveyors should look for documents that demonstrate that there is a process to validate the qualifications of physicians to ensure that they are not just legally permitted, but are competent to perform the procedures they are permitted to perform.

Scoring:

- If there is a process to validate that the physician is authorized and competent (based on experience and/or training) to perform the procedure he/she is authorized, score as fully met.
 - If there is no process to validate the authorization or competence to perform the procedure(s), score as not met
- f. A brief operative note is documented prior to transfer out of patient from recovery area.

Survey Process:

Review the same 10 medical records as noted for Objective Element b. Determine if there is a documented operative note that was recorded prior to the patient being transferred from the recovery area. Also, while in the recovery area, review the medical records of patients who are about to be transferred out of the recovery area to determine if an operative note is in the medical record.

Scoring:

- If there is an operative note and it was documented in the medical record prior to transfer from the recovery area, score as fully met.
- If there is either no operative note, or it was completed after the patient was transferred out of the recovery area, score as not met.

g. The operating surgeon documents the post-operative plan of care.

Survey Process:

Review the same 10 medical records and validate that the surgeon (or his representative such as a physician trainee) has written post-operative orders.

Scoring:

- If there are post-operative orders, score as fully met.
- If there are no post-operative orders, score as not met.

h. A quality assurance program is followed for the surgical services.

Survey Process:

Review any documentation (such as minutes of a quality improvement committee or surgical department meeting minutes) that demonstrates there are quality indicators of surgical care that are being monitored.

Scoring:

- If there is documented evidence that some aspects of the quality of surgical care are being monitored, score as fully met.
- If there are aspects of surgical care that are being monitored, but they do not relate to the quality of care, score as partially met.
- If there is no monitoring of surgical care, score as not met.

i. The quality assurance program includes surveillance of the operation theatre environment.

Survey Process:

The following evidence should be reviewed: infection control surveillance, medical equipment maintenance, cleaning of the theatres between cases. The results of these surveillance activities should be documented (perhaps in the relevant committee minutes).

Scoring:

- If there is evidence that the safety and cleanliness of the operation theatre environment is evaluated, score as fully met.
- Score as partially met only if the survey team identifies a significant oversight.
- If there is no surveillance of the operating theatre, score as not met.

j. The plan also includes monitoring of surgical site infection rates.

Survey Process:

This should be found in the minutes of an infection control committee. Specifically look for evidence that the infection rates are physician, procedure, or room specific. Global rates without arraying the data into categories are of little use.

Scoring:

- If there are data about surgical site infections and they are segregated into individual physicians, procedures, and rooms, score as fully met.
- If there are data about surgical site infections, but only in the aggregate without specific analysis, score as partially met.
- If there are no data about surgical site infections, score as not met.

Management of Medication (MOM)

MOM. 1: Policies and procedures exist for prescription of medications.

Objective Elements

- a. Documented policies and procedures exist for prescription of medications.

Survey Process:

Review the policies. They may be pharmacy policies, nursing policies, or medical staff policies. The important issue is that the policies explicitly define how medication orders/prescriptions must be written, including where in the in-patient record or on an out-patient form. The policy should define what is done when the order or prescription is not accepted because of confusion about the order.

Scoring:

- If there are policies for prescription/ordering of medications and the policy explicitly defines what is done when the prescription or order is not clear, score as fully met.
- If there are policies for prescription/ordering of medication, but the policy does not define what is to be done when the prescription/order is not clear, score as partially met.
- If there are no policies, score as not met.

- b. The organization determines who can write orders.

Survey Process:

There should be a policy although this may be obvious if only physicians write medication orders in the medical record or on a prescription. However, determine if any other professionals (such as midwives) are permitted to write prescriptions or order medication.

Scoring:

- This objective element should default to a score of fully met unless the survey team finds evidence that there is any confusion about who (what professionals) is permitted to order or prescribe medication.

- c. Orders are written in a uniform location in the medical records.

Survey Process:

While reviewing medical records for other reasons (see multiple objective elements) determine if medication orders are uniformly written in a uniform location in the record.

Scoring:

- If 100 percent of medication orders are in the medical record location required, score as fully met.
- Since this is a common source of “oversight” errors, if any orders are not in the designated location, score as not met

d. Medication orders are clear, legible, dated, timed, named and signed.

Survey Process:

The key aspect of this objective element is what is done if the medication order is not legible. While reviewing medical records for the previous objective elements, determine if ALL medication orders are legible, dated, timed, named, and signed. The score is based on the cumulative findings of all the records reviewed.

Scoring:

- If ALL orders are legible, dated, timed, named, and signed, score s fully met.
- If only 1-2 orders are not timed, score as partially met.
- If 3 or more orders are not legible, dated, timed, named, and signed, score as not met

e. Policy on verbal orders is documented and implemented.

Survey Process:

Surveyed by interview with nurses or other personnel who may receive a verbal order or observation while on a patient unit of someone receiving a verbal order. The policy and practice should clearly describe the process including writing down the verbal order and reading it back to ensure that it was clearly understood by both the person who gave the order and the person who received the order.

Scoring:

- If there is a clear policy and practice for verbal orders, score as fully met.
- Only score as partially or not met if the survey team agrees that there is evidence that the process is not consistently followed.

f. The organization defines a list of high risk medication.

Survey Process:

Review the list. The list of high risk medications must include at least: concentrated electrolytes such as KCL, look alike medications, and sound alike medications.

Scoring:

- If the hospital has a written list of high risk medications, score as fully met.
- If the hospital has a list of high risk medications, but it does not include both look alike or sound alike medications, score as partially met.
- If there is no list of high risk medications, score as not met.

g. High risk medication orders are verified prior to dispensing.

Survey Process:

Interview both pharmacy and nursing staff since the safety issue is not just dispensing, but also administration.

Scoring:

- If there is a clear practice (based on interviews with pharmacy and nursing personnel) of verifying the order for high risk medications, score as fully met.
- If there is no formally defined process, or if there is no list of high risk medications (Objective Element f.), score as not met.

MOM. 2: Policies and procedures guide the safe dispensing of medications.

Objective Elements

a. Documented policies and procedures guide the safe dispensing of medications.

Survey Process:

The policies should include at least: matching the order with the correct patient and medication, confirming look alike drugs, and labeling.

Scoring:

- If there are policies and procedures and evidence that they are implemented, score as fully met.
- If there are policies and procedures, but implementation is inconsistent, score as partially met.
- If there are no policies and procedures or if none have been implemented, score as not met.

b. The policies include a procedure for medication recall.

Survey Process:

While visiting the pharmacy review the procedure for medication recall. If there had been a recall, review the documentation of how it was done.

Scoring:

- If there is a procedure for medication recall, score as fully met.
- If there is no procedure, score as not met.

c. Expiry dates are checked prior to dispensing.

Survey Process:

This is best surveyed by observation. While on a patient unit check a sample of medications for their expiration date.

Scoring:

- If no expired medications are found, score as fully met.
- If only 1-2 examples of expired medications are found AND the expiration was less than 1 month ago, score as partially met.
- If there are 3 or more expired medications found, or if the expiration date was more than 3 months ago, score as not met.

d. Labeling requirements are documented and implemented by the organization.

Survey Process:

The hospital should have defined what is to be included on the label. When being dispensed directly to the patient this should include at least: patient's name, name of medication, concentration, and directions for use. When dispensed to a patient care unit the label should include all the above information except directions for use. Check a sample (10-15) of dispensed medications to determine how they are labeled.

Scoring:

- If all medications are appropriately labeled, score as fully met.
- Since this is an important patient safety issue, if any are not completely (according to hospital policy) labeled, score as not met.

MOM. 3: There are defined procedures for medication administration.

Objective Elements

a. Medications are administered by those who are permitted by law to do so.

Survey Process:

Review the law and then review a sample (10) of medical records to validate that only those permitted by law have administered medication.

Scoring:

- This should default to a score of fully met unless the survey teams finds an example of medication administered by someone not authorized to do so.

- b. Prepared medication are labeled prior to preparation of a second drug.

Survey Process:

Observe a nurse preparing medication or an anesthetist preparing medication. Verify that each medication is labeled prior to preparing the next one.

Scoring:

- This also should default to a score of fully met unless the survey team finds one or more violations of this requirement.

- c. Patient is identified prior to administration.

Survey Process:

Review the policy and procedure. It should include the requirement for at least 2 separate ways of positively identifying the patient. Then interview a nurse to find out what is done in practice or observe a nurse entering a patient room to administer medication and observe how the nurse identifies the patient.

Scoring:

- If 2 identifiers are routinely used, score as fully met.
- If this practice is not uniformly followed (1 or more examples of failure to follow the procedure) score as not met.

- d. Medication is verified from the order prior to administration.

Survey Process:

Observe nurses or doctors preparing medication and verify that the medication order was readily available and was checked prior to preparing the medication.

Scoring:

- If there is clear evidence that the order was checked, score as fully met.
- If ANY example is seen of medication not being checked against the order, score as not met.

- e. Dosage is verified from the order prior to administration.

Survey Process:

Observe nurses or doctors preparing medication and verify that the medication order was readily available and was checked prior to preparing the medication.

Scoring:

- If there is clear evidence that the order was checked, score as fully met.
- If ANY example is seen of medication not being checked against the order, score as not met.

- f. Route is verified from the order prior to administration.

Survey Process:

Observe nurses or doctors preparing medication and verify that the medication order was readily available and was checked prior to preparing the medication.

Scoring:

- If there is clear evidence that the order was checked, score as fully met.
- If ANY example is seen of medication not being checked against the order, score as not met.

- g. Timing is verified from the order prior to administration.

Survey Process:

Observe nurses or doctors preparing medication and verify that the medication order was readily available and was checked prior to preparing the medication.

Scoring:

- If there is clear evidence that the order was checked, score as fully met.
- If ANY example is seen of medication not being checked against the order, score as not met.

- h. Medication administration is documented.

Survey Process:

On the same 10 medical records, review the physician order, then verify that all administered medications are documented in the record.

Scoring:

- If all administered medications are documented, score as fully met.
- If only 1-2 (cumulative from findings in all 10 records) examples of failure to document administration, score as partially met.
- If more than 3, score as not met.

- i. Policies and procedures govern patient's self administration of medications.

Survey Process:

Review the policy on self administration. Interview a nurse to see if the policy is understood.

Scoring:

- If there is a policy and it is understood, score as fully met.
- If there is no policy or if nurses are unaware of the policy and procedure, score as not met.

j. Policies and procedures govern patient's medications brought from outside the organization.

Survey Process:

Review the policy and procedure. Usually this requires that the pharmacy verify specifically what the medication is. Also, it is common that the hospital retains the medication but does not use it during the patient's stay in the hospital.

Scoring:

- If there is an implemented policy on medication brought from the outside, score as fully met.
- If there is no policy or it is not implemented, score as not met.

Patient Rights and Education (PRE)

PRE. 1: A documented process for obtaining patient and/ or family's consent exists for informed decision making about their care.

Objective Elements

General consent for treatment is obtained when the patient enters the organization. Patient and/or his family members are informed of the scope of such general consent.

Survey Process:

Review 10 medical records (this can be done simultaneously with review for other reasons). Determine if all records document a general consent. Also determine if the content of the general consent is made clear to the patient and/or family

Scoring:

If all records have a documented general consent, score as fully met.

Since this is a medico-legal issue, if ANY record does not have a general consent, score as not met.

The organization has listed those situations where specific informed consent is required.

Survey Process:

Review any written policy or list. Then review several (5) medical records of patients who should have (by hospital policy) a specific informed consent to validate that it is documented in the record.

Scoring:

If all records document an informed consent, score as fully met.

Since this is also a medico-legal issue, if ANY do not, score as not met.

Informed consent includes information on risks, benefits, alternatives and as to who will perform the requisite procedure in a language that they can understand.

Survey Process:

This objective element relates to the “informed” part of informed consent. Review the same 5 records as for objective element b to verify if the required information is included and documented.

Scoring:

If all records document an informed consent, score as fully met.

Since this is also a medico-legal issue, if ANY do not, score as not met.

The policy describes who can give consent when patient is incapable of independent decision making.

Survey Process:

Review the policy.

Scoring:

- If there is a policy describing who, other than the patient, may give informed consent, score as fully met.
- If there is no policy, score as not met.

PRE. 2: Patient and families have a right to information on expected costs.**Objective elements**

- a. There is uniform pricing policy in a given setting (out-patient and ward category).

Survey Process:

Visit the finance or billing office. Review the policy and verify that it is uniformly applied.

Scoring:

- This should default to a score of fully met unless the survey team finds evidence that it is not uniformly applied.

- b. The tariff list is available to patients.

Survey Process:

Review the tariff list. Then ask how it is made available to a patient. Customarily this is only upon the patient's request. However, frequently the tariff list is posted in the out-patient areas.

Scoring:

- If there is evidence that the tariff list is available to patients, score as fully met.
- If there is no procedure to make it available to patients, score as not met.

- c. Patients and family are educated about the estimated costs of treatment.

Survey Process:

Review the process used to inform/educate the patient and/or family about the estimated costs. Also determine if this is done by someone who is knowledgeable (surveyor judgment).

Scoring:

If there is a process to inform patients and/or families about the estimated costs and it is done by a knowledgeable person, score as fully met.

If there is a process to inform patients and/or families about the estimated costs but it is not done by a knowledgeable person, score as partially met.

If there is no process, score as not met.

- d. Patients and family are informed about the financial implications when there is a change in the patient condition or treatment setting.

Survey Process:

Review the process. Determine what prompts the patient and/or family to be informed, including who makes the decision and who provides the information.

Scoring:

- If there is a consistent process, including when it is done, who makes the decision, and who provides the information, score as fully met.
- If there is a process, but there are no clear guidelines of when it is done, score as partially met.
- If there is no process, score as not met.

Hospital Infection Control (HIC)

HIC.1: The organization has a well-designed, comprehensive and coordinated infection control programme aimed at reducing/eliminating risks to patients, visitors and providers of care.

Objective Elements

- a. The hospital infection control programme is documented which aims at preventing and reducing risk of nosocomial infections.

Survey Process:

There should be a written hospital infection control plan. The plan should identify at least the surveillance activities, hand hygiene procedures, isolation procedures, and the responsibilities and authorities of an infection control committee.

Scoring:

- If there is a documented infection control plan that includes at least surveillance activities, hand hygiene procedures, isolation procedures, and the responsibilities and authorities of an infection control committee, score as fully met.
- If there is a documented plan but it does not define the authority of the committee, score as partially met.
- If there either is no written plan, or it does not include at least 3 of the 4 requirements above, score as not met.

- b. The hospital has a multi-disciplinary infection control committee.

Survey Process:

Review the plan and the minutes of the committee. The membership should include at least doctors and nurses.

Scoring:

- If there is a committee and it includes at least doctors and nurses, score as fully met.
- If either there is no committee, or it only includes doctors, score as not met.

- c. The hospital has an infection control team.

Survey Process:

Customarily the team consists of a doctor, a nurse, someone from housekeeping, and a safety officer. However, the appropriate membership of an infection control team will require surveyor judgment. The role of the team is to make periodic infection control rounds in the hospital to verify that infection control policies and procedures are effectively followed.

Scoring:

- If there is a team and its membership is reasonable (surveyor judgment, score s fully met.
- If there is a team but it consists of only one discipline (nurse, doctor, etc.), score as partially met.
- If there is no team, score as not met.

d. The hospital has designated and qualified infection control nurse(s) for this activity.

Survey Process:

Review the job description of the infection control nurse or nurses to determine the required qualifications. Then review the human resource file for this individual(s) to validate if their qualifications match the requirements of the job description.

Scoring:

- If the qualifications of the individual(s) match the requirements in the job description, or if there are only minor variances (such as a little less experience than noted in the job description, score as fully met.
- This objective element should only be scored as partially or not met with the agreement of the entire survey team (requires judgment).

HIC. 2: There are documented procedures for sterilization activities in the organization.

- There is adequate space available for sterilization activities.

Survey Process:

The definition of “adequate” includes enough space (or at least physical barriers) to ensure separation of clean and dirty.

Scoring:

- If there is adequate space (surveyor judgment), score as fully met.
- This objective element should only be scored as partially or not met with the agreement of the entire survey team (requires judgment).

- Regular validation tests for sterilization are carried out and documented.

Survey Process:

This is an important patient safety issue. Review the process/procedure to validate that complete sterilization has occurred. This should be uniformly done on each “batch” that is sterilized. There are several methods that can be used (such as color change strips). Whatever method is used, it must be documented.

Scoring:

- If there is a process/procedure to verify that complete sterilization has occurred, it is used for all “batches” that are sterilized, and it is documented, score as fully met.
 - If it is only done on a random sample, score as partially met.
 - If there is no process/procedure, or if it is rarely (once a day) used, or if it is not documented, score as not met.
-
- There is an established recall procedure when breakdown in the sterilization system is identified.

Survey Process:

Review any written recall procedure. If an actual breakdown had occurred, review how the recall was implemented.

Scoring:

- If there is a written recall procedure, score as fully met.
- If there is no written procedure, score as not met.

Organization Centered Standards

Continuous Quality Improvement (CQI)

CQI. 1: There is a structured quality improvement and continuous monitoring programme in the organization.

Objective Elements

- a. The quality improvement programme is developed, implemented and maintained by a multi-disciplinary committee.

Survey Process:

There should be a written CQI plan. Review the plan. It should include at least the following: a committee with terms of reference, the CQI methodology to be used, reporting structure of CQI results, the requirement for minutes of the committee meetings, and the responsibilities and authorities of the committee.

Scoring:

- If there is a written plan and it includes at least the 5 requirements above, score as fully met.
- If there is a plan but it lacks defining the responsibilities and authorities of the committee, score as partially met.
- If there is no plan or it includes 3 or fewer of the requirements above, score as not met.

- b. The quality improvement programme is documented.

Survey Process:

The documentation should be in the minutes of the CQI committee.

Scoring:

- If the minutes document the activities of the programme, score as fully met.
- If the minutes only document some activities or are so brief as to not allow full understanding of what activities have occurred, score as partially met.
- If there are no minutes, or they do not contain any information about the CQI activities, score as not met.

- c. There is a designated individual for coordinating and implementing the quality improvement programme.

Survey Process:

This customarily is a "Quality Improvement Coordinator" and may be either a nurse or a doctor or any other health professional. There should be a job description for this individual that defines the requisite qualifications and the duties. This may be either a full time or a part time position (depending on the size of the hospital and its scope of services).

Scoring:

- If there is a designated quality improvement coordinator and a job description for the individual, score as fully met.
 - If there is a designated coordinator but no job description, score as partially met.
 - If there is no designated coordinator, score as not met.
- d. The quality improvement programme is comprehensive and covers all the major elements related to quality improvement and risk management.

Survey Process:

The definition of “comprehensive” and “all major elements” includes at least the following: all departments participate, all high risk areas (blood bank, laboratory, operating theatres, emergency room, etc.) have quality improvement documented activities. This requires some surveyor judgment.

Scoring:

- This should default to a score of fully met unless the survey team agrees that there are significant gaps in the programme’s coverage (judgment).
- e. The designated programme is communicated and coordinated amongst all the employees of the organization through proper training mechanism.

Survey Process:

There should be documented evidence that all the appropriate (surveyor judgment, but at a minimum should include all the senior leaders, all department heads, and all members of the CQI committee).

Scoring:

- If there is documented evidence of training of all the personnel listed above, score as fully met.
 - If only 1-2 department heads have not been trained, score as partially met.
 - If there has been no training, or it has not included at least the senior leadership, the committee members and “most” of the department heads, score as not met.
- f. The quality improvement programme is a continuous process and updated at least once in a year.

Survey Process:

Review the documented evidence that the program has been reviewed at least once in the past year or at the frequency defined in the hospital’s policy.

Scoring:

- If there is documented evidence that the programme was reviewed at least once in the past year, or more frequently if required by hospital policy, score as fully met.
- If there has been no review or if the review is more than one year ago, score as not met

CQI. 2: The organization identifies key indicators to monitor the clinical structures, processes and outcomes which are used as tools for continual improvement.

Objective Elements

- a. Monitoring includes appropriate patient assessment.

Survey Process:

Review the documentation in the committee minutes.

Scoring:

If there is documented evidence that this has been monitored, score as fully met.
If not, score as not met.

- b. Monitoring includes safety and quality control programmes of the diagnostics services.

Survey Process:

Review the documentation in the committee minutes.

Scoring:

If there is documented evidence that this has been monitored, score as fully met.
If not, score as not met.

- c. Monitoring includes all invasive procedures.

Survey Process:

Review the documentation in the committee minutes.

Scoring:

If there is documented evidence that this has been monitored, score as fully met.
If not, score as not met.

- d. Monitoring includes adverse drug events.

Survey Process:

Review the documentation in the committee minutes.

Scoring:

If there is documented evidence that this has been monitored, score as fully met.
If not, score as not met.

- e. Monitoring includes use of anesthesia.

Survey Process:

Review the documentation in the committee minutes.

Scoring:

If there is documented evidence that this has been monitored, score as fully met.
If not, score as not met.

- f. Monitoring includes use of blood and blood products.

Survey Process:

Review the documentation in the committee minutes.

Scoring:

If there is documented evidence that this has been monitored, score as fully met.
If not, score as not met.

- g. Monitoring includes availability and content of medical records.

Survey Process:

Review the documentation in the committee minutes.

Scoring:

If there is documented evidence that this has been monitored, score as fully met.
If not, score as not met.

CQI. 3: Sentinel events are intensively analyzed.

Objective Elements

- a. The organization has defined sentinel events.

Survey Process:

Review the written definition of a sentinel event. At a minimum this should include: unexpected deaths, serious adverse patient events that caused, or could have caused, harm to the patient, patient violence against staff, violence against patients, infant abduction. Although not specifically required, it is good practice to also include “near misses”.

Scoring:

- If there is a defined list of sentinel events, score as fully met.
- If there is no list, or if in the surveyors' judgment it is not adequately comprehensive, score as not met.

b. The organization has established processes for intense analysis of such events.

Survey Process:

This is an important patient safety issue since if an event has not been fully analyzed the hospital has lost the opportunity to prevent its occurrence in the future.

Scoring:

- If there is a process and the surveyors feel it is comprehensive, score as fully met.
- If there is no defined process or if it is not comprehensive (judgment), score as not met.

c. Sentinel events are intensively analyzed when they occur.

Survey Process:

Ask for any documentation of intense analysis of any sentinel event that has occurred in the past 12 months. (It is highly unlikely that none have occurred. If none were reported, the surveyors should explore the reporting process.)

Scoring:

- If there was a reported sentinel and it was intensively analyzed, including corrective action to prevent or reduce the likelihood of reoccurrence, score as fully met.
- If no sentinel event was reported, but the survey team is comfortable that if one occurred it would be reported and analyzed, also score as fully met.
- If there was a sentinel event, but there was either no analysis or the analysis was "superficial" such as limited to assigning blame to an individual, score as not met.
- Corrective and Preventive Actions are taken based on the findings of such analysis.

Survey Process:

This is surveyed and scored the same as for objective element c.

Responsibilities of Management (ROM)

ROM. 1: The responsibilities of the management are defined.

Objective Elements

- a. Those responsible for governance lay down the organization's mission statement.

Survey Process:

Review the hospital's mission statement and ask how it was developed (look for involvement of senior leadership, including the hospital's governance).

Scoring:

- If there is a mission statement and evidence of involvement of the appropriate leaders, score as fully met.
 - If there is no mission statement, or if there is no evidence that it was developed with the participation of senior leaders, including governance, score as not met.
- b. Those responsible for governance lay down the strategic and operational plans commensurate to the organization's mission in consultation with the various stake holders.

Survey Process:

Review the strategic and operational plans. Surveyor judgment is needed to verify if the plans are commensurate with the hospital's mission.

Scoring:

- If there are both strategic and operational plans and they are in accord with the hospital's mission, score as fully met.
 - If there is a strategic plan but no operational plans yet to define how the strategy will be implemented, score as partially met.
 - If there is no strategic plan, score as not met.
- c. Those responsible for governance approve the organization's budget and allocate the resources required to meet the organization's mission.

Survey Process:

Review the budget formulation process. Determine by documentation how it is approved.

Scoring:

- If there is a budget process and a clear process for its approval, score as fully met.
 - If there is no budget process (i.e., it is just handed down from on “high”) score as not met.
- d. Those responsible for governance monitor and measure the performance of the organization against the stated mission.

Survey Process:

Review any documentation (such as meetings of the governing body or the senior leadership of the hospital). There should be objective measures/indicators that allow monitoring of progress toward meeting the hospital’s strategic objectives that support its mission.

Scoring:

- If there is documentation of monitoring of the progress toward the hospital’s strategic and operational goals, score as fully met.
 - If there is no documentation, score as not met.
- e. Those responsible for governance establish the organization’s organogram.

Survey Process:

Review the organizational chart that defines the hospital’s organizational structure.

Scoring:

- If there is an organizational chart (“organogram”), score as fully met.
 - If there is none, score as not met.
- f. Those responsible for governance appoint the senior leaders in the organization.

Survey Process:

Review the process for appointment of the hospital’s senior leaders. This will be different for private versus public hospitals.

Scoring:

- If there is a clearly defined process for appointment of the hospital’s senior leaders, score as fully met.
- If the process is limited to only the hospital director, score as partially met.
- If there is no formal process, score as not met.

- g. Those responsible for governance support research activities and quality improvement plans.

Survey Process:

Research will only be applicable if the hospital permits it. Review any reports to the governing body that document the results of the CQI program or research activities (including the process for approving the research protocols). Ideally, there should be evidence that at least occasionally the governing body asks for more information or directs actions.

Scoring:

- If there is documented evidence that the governing body receives reports about research activities (if applicable) and CQI activities, score as fully met.
- h. The organization complies with the laid down and applicable legislations and regulations.

Survey Process:

The surveyors should be aware of the applicable laws and regulations.

Scoring:

- This objective element should default to a score of fully met unless the survey team agrees that there are significant deficiencies in compliance with laws and regulations.
- g. Those responsible for governance address the organization's social and community responsibilities.

Survey Process:

Look for documents that demonstrate the hospital has evaluated its community's health care needs. Also look for any "out-reach" activities, such as cancer or hypertension screening.

Scoring:

- This objective element should default to a score of fully met unless the survey team agrees that there is insufficient evidence that the hospital is sensitive to the needs of the community it serves.

ROM. 2: A suitably qualified and experienced individual heads the organization.

Objective elements

- a. The designated individual has requisite and appropriate administrative qualifications and/or experience.

Survey Process:

Review the job description of the hospital director and determine (based on his/her human resources file) if the individual has the appropriate qualifications and/or experience.

Scoring:

- This should default to a score of fully met unless the survey team identifies significant deficiencies in the hospital director's qualifications.

Facility Management and Safety (FMS)

FMS.1: The organization is aware of and complies with the relevant rules and regulations, laws and byelaws and requisite facility inspection requirements.

Objective Elements

- a. The management is conversant with the laws and regulations and knows their applicability to the organization.
- b. Management regularly updates any amendments in the prevailing laws of the land.
- c. The management ensures implementation of these requirements.
- d. There is a mechanism to regularly update licenses/registrations/certifications.

FMS. 2: The organization has a program for clinical and support service equipment management.

Objective Elements

- a. The organization plans for equipment in accordance with its services and strategic plan.

Survey Process:

Review any written plan that includes at least: acquisition, testing, preventive maintenance of medical equipment, and an inventory of all medical equipment in the hospital. While visiting patient care areas, identify 2-3 pieces of medical equipment. Then ask for documentation that the equipment is listed on the hospital's inventory and that scheduled preventive maintenance has been done on time.

Scoring:

- If there is a plan (and evidence that it is implemented), score as fully met.
 - If there is a plan but it does not include the requirement for testing prior to use, score as partially met.
 - If there is no medical equipment plan or if it does not include the requirement for a preventive maintenance or if there is no inventory of medical equipment, score as not met.
- b. Equipment is selected by a collaborative process.

Survey Process:

Review the process for prioritizing the requests for new or replacement medical equipment. There should be evidence that the appropriate department heads participate in the process.

Scoring:

- If there is a process for requesting new or replacement medical equipment and there is input from the appropriate department heads, score as fully met.
- If there is a process, but no “meaningful” (surveyor judgment) input from the appropriate department heads, score as partially met.
- If there is no process, or if the decision is left to a single individual, score as not met.

c. All equipment is inventoried and proper logs are maintained as required.

Survey Process:

This is surveyed and scored under objective element a.

Scoring:

d. Qualified and trained personnel operate and maintain the equipment.

Survey Process:

To determine if appropriate personnel operate the equipment correctly, look for documented training and any data (in the medical equipment department) that identifies “user error”. Also review the job description of medical equipment maintenance personnel and their human resources file to verify that they have the required qualifications.

Scoring:

- This objective element should default to a score of fully met unless the survey team identifies significant problems with either the operators or the maintainers of medical equipment.
- e. Equipment are periodically inspected and calibrated for their proper functioning. There is a documented operational and maintenance (preventive and breakdown) plan.

Survey Process:

There should be a written schedule that is based at least on manufacturer’s recommendations. The inspection, calibration (if needed), and maintenance must be documented. The surveyors should review this documentation.

Scoring:

- If ALL the requirements for this objective element are documented, score as fully met.
- Since this is a significant patient safety issue, if any of the requirements are not documented, score as not met.

FMS. 3: The organization has plans for fire and non-fire emergencies within the facilities.

Objective Elements

- a. The organization has plans and provisions for early detection, containment and abatement of fire and non-fire emergencies.

Survey Process:

Review the plan to ensure that it includes all the 4 requirements. Then, by observation, review of documentation, and interview determine if all the requirements have been implemented.

Scoring:

- If the plan includes all 4 requirements and there is evidence that all are implemented, score as fully met.
 - Since this is such an important patient safety issue, if any of the requirements are not included in the plan, or if any are not clearly implemented, score as not met.
- b. The organization has a documented safe exit plan in case of fire and non-fire emergencies.

Survey Process:

Review the “evacuation” plan. There should also be documented evidence that the plan has been tested. It is not necessary that the hospital has actually evacuated patients, but at least has done a “mock” evacuation to verify that the plan would work in an actual emergency. Since it is unlikely that the entire hospital must be evacuated, “mock” drills can be for a single area or department. However, the plan should clearly define a “whole hospital” evacuation (as in an earthquake) plan, including defined alternate sites for the patients and how to transport them.

Scoring:

- If there is a written facility evacuation plan and it has been tested, score as fully met.
 - If there is a written evacuation plan but it has not yet been tested, score as partially met.
 - If there is no plan, score as not met.
- c. Staff is trained for their role in case of such emergencies.

Survey Process:

Look for documentation of the training. The training should include at least key personnel from every area.

Scoring:

- If there is documented evidence of training of key personnel in every area, score as fully met.
 - If only a few (approximately 5) key personnel (surveyor judgment) have not yet been trained, score as partially met.
 - If there has been no training or if more than 5-10 key personnel (surveyor judgment) have not been trained, score as not met.
- b. Mock drills are held at least once in a year.

Survey Process:

See objective element b. Look for documentation that “mock” drills have been done at least once in the past year. As for fire drills, the “mock” drills should have involved different areas and different shifts.

Scoring:

- If there is documented evidence that mock drills have been held at least once in the past year and that they involved different areas or shifts, score as fully met.
- If no drill has been conducted, score as not met.

Human Resource Management (HRM)

HRM. 1: The staff joining the organization is oriented to the hospital environment.

Objective Elements

- a. Each staff member, employee, student and voluntary worker is appropriately oriented to the organization's mission and goals.

Survey Process:

The orientation should be in three parts: orientation to the hospital (such subjects as fire and general safety, infection control, and CQI), orientation to the assigned department, and orientation to the specific job within that department. The content of each level of orientation should be written to ensure that whoever provides the orientation always covers the same topics.

Scoring:

- If there are written orientation “guides” score as fully met.
 - If there are the three orientation programs but no written definition of what is to be covered, score as partially met.
 - If there is no orientation program, score as not met.
- b. Each staff member is made aware of hospital wide policies and procedures as well as relevant department/ unit/ service/ programme's policies and procedures.

Survey Process:

This would be part of the hospital wide and department orientation as in objective element a. and will be surveyed and scored as for that objective element.

- c. Each staff member is made aware of his/ her rights and responsibilities.

Survey Process:

This objective element would require that each staff member have a written job description that defines their responsibilities. The staff member's right should be in a human resources employee manual or other documentation that is shared with the staff member.

Scoring:

- If each staff member has a written job description and there is a document shared with the individual that defines their rights, score as fully met.
- If every staff member does not have a written job description or if there is no formal way to let the member know of their rights, score as not met.

d. All employees are educated with regard to patients' rights and responsibilities.

Survey Process:

If this is not part of the general hospital orientation, there should be other documentation of how all employees are educated about patient rights and responsibilities.

Scoring:

- If there is documented evidence that employees have been so educated, score as fully met.
- If only direct care givers have been educated, score as partially met.
- If there is no evidence that this education has been given, score as not met.

HRM. 2: An appraisal system for evaluating the performance of an employee exists as an integral part of the human resource management process.

Objective Elements

a. A well-documented performance appraisal system exists in the organization.

Survey Process:

Review the system. In particular, look for evidence that the appraisal system evaluates actual performance and not just administrative factors. Review the human resources files of a sample (10) of employees to determine if the appraisal is documented and includes appraisal of the employees' actual performance.

Scoring:

- If there is a documented appraisal in all the human resources files reviewed AND it includes evaluation of the employee's actual performance, score as fully met.
- If there is a documented appraisal but it only includes administrative issues and not actual performance evaluation, score as partially met.
- If there is not a documented appraisal in ALL the reviewed human resources files, score as not met.

b. The employees are made aware of the system of appraisal at the time of induction.

Survey Process:

This should be part of the initial orientation and there should be documented evidence (such as the employee's signature on the job description) that documents that the employee understood how they were to be evaluated.

Scoring:

- If there is a clear system/process for the employee to understand how their performance will be evaluated, score as fully met.
 - If there is no system/process, score as not met.
- c. Performance is evaluated based on the performance expectations described in job description.

Survey Process:

This objective element is surveyed and scored the same as for objective element b.

- d. The appraisal system is used as a tool for further development.

Survey Process:

There should be documented evidence (when appropriate to the employee's appraisal) that further development (such as more experience, more training, a different job assignment). This may not be required for every appraisal – only if the appraisal indicated the need.

Scoring:

- When appropriate (surveyor judgment) the appraisal indicated the need for further development, this is documented, score as fully met.
 - If the appraisal indicates the need for further development (surveyor judgment), but there is no documentation of this, score as not met.
- c. Performance appraisal is carried out at pre defined intervals and is documented.

Survey Process:

The hospital should have defined the frequency of performance appraisals. Customarily this is within the first 3-4 months for a new employee and at least annually for all other employees. The surveyors should evaluate two things: One - does the hospital have a definition of how often the appraisal should occur; and Two- what percent of employees have had their appraisal on time. It is common that a hospital has a schedule for periodic appraisals, but inconsistently follows it. Select a sample (10-15) human resources files and determine if there was a documented periodic appraisal and if it was done "on time".

Scoring:

- If the hospital has defined the frequency of employee appraisal and there is documentation that greater than 90 percent of employees have received timely appraisals, score as fully met.
- If the hospital has defined the frequency of employee appraisal, but the documentation shows that only between 75 and 90 percent of employees had their appraisal on time, score as partially met.

- If either the hospital does not have a schedule for periodic employee appraisal, or if less than 75 percent of the employees received their appraisal “on time” score as not met.

HRM. 3: There is a documented personnel record for each staff member.

Objective Element's

- a. Personal files are maintained in respect of all employees.

Survey Process:

Randomly select 10-15 human resource files (either from a list of all employees, or by name of personnel identified during visits to hospital areas). Then determine if all have a human resource/personnel file.

Scoring:

- If all have a human resources/personnel file, score as fully met.
- If ANY do not, score as not met.

- b. The personnel files contain personal information regarding the employee's qualification, disciplinary background and health status.

Survey Process:

Review the same files as for objective element a.

Scoring:

- If all reviewed files have documented information regarding the employee's qualification, disciplinary background and health status, score as fully met.
- If any do not contain all the required information, score as not met.

- c. All records of in-service training and education are contained in the personnel files.

Survey Process:

Review the same files as for objective element a. and b.

Scoring:

- If all the reviewed files contain documentation of in-service education (when relevant to the individual – surveyor judgment) and the employees education, score as fully met.
- If any file does not document relevant in-serviced training (surveyor judgment), or does not document the employee's education, score as not met.
- Personal files contain results of all evaluations.

Survey Process:

This objective element relates to both the periodic appraisal and to any “ad hoc” evaluation (such as their involvement in an adverse event).

Scoring:

- If the human resource/personnel file contains at least the documentation of the periodic appraisal, score as fully met.
- If ANY file does not include the periodic appraisal, score as not met.

HRM. 4: There is a process for collecting, verifying and evaluating the credentials (education, registration, training and experience) of medical professionals including physicians, nurses, pharmacists and others permitted to provide patient care without supervision.

Objective Elements

- a. Medical professionals permitted by law, regulation and the hospital to provide patient cares without supervision are identified.

Survey Process:

Look for documentation of the way the hospital validates that its medical staff has the appropriate and required documents that demonstrate that they are legally permitted to care for patients. There should be a process to validate the accuracy of these documents (there are multiple examples internationally of fraudulent “credentials”). The hospital should have verified the documents with the primary source – such as the university or the training organization.

Scoring:

- If there is a clearly defined process to validate the “credentials” of all staff members, score as fully met.
- Since this is an important legal issue as well as a patient safety issue, if there is no process to validate the “credentials”, score as not met

- b. The education, registration, training and experience of the identified medical professionals is documented and updated periodically.

Survey Process:

Select randomly the human resource/personnel files of approximately 10 members of the medical staff and others. Review these files to determine if the 3 required elements are present.

Scoring:

- If all reviewed files contain documentation of education, registration, training and experience of the identified medical professional, score as fully met.
- Since this is an important issue, if ANY file does not include all the required information, score as not met.

Information Management System (IMS)

IMS. 1: The organization has a complete and accurate medical record for every patient.

Objective Elements

a. Every medical record has a unique identifier.

Survey Process:

Reviews the process that demonstrates that each medical record has a unique identifier. The important issue is whether there may be more than one record for a patient or that there is the possibility that the information such as laboratory or pathology results might be placed into the wrong patient's medical record.

Scoring:

- If there is a clear mechanism to positively identify each patient's medical record, score as fully met.
- If there is the possibility that an individual patient has more than one record, but there is a system to identify this and consolidate the various records, also score as fully met.
- If there is evidence that there are more than one record for a patient but no mechanism to consolidate these records, score as not met

b. Organization policy identifies those authorized to make entries in medical record.

Survey Process:

Review any policy and then during review of medical records for any of the previous reasons for review, confirm that only authorized individuals have made entries into the medical record.

Scoring:

- If all entries are by authorized persons, score as fully met.
- If there are any entries by un-authorized persons, score as not met.

c. Every medical record entry is dated and timed.

Survey Process:

This is a difficult objective element to achieve since "timing" of all entries is difficult to achieve. Focus attention on timing of medication orders and any entries in ICU's. This can be evaluated during the review of the previously selected records.

Scoring:

- This will require surveyor judgment. If all appropriate entries are both dated and TIMED, score as fully met.
- If the survey team agrees that some appropriate entries are not timed (ALL must be at least dated), score as partially met.
- If there is inconsistent dating (more than 5 examples) or if there are more than 5 examples of entries that should have been timed but were not, score as not met.

d. The author of the entry can be identified.

Survey Process:

During review of the previous medical records verify that all entries can be identified by both the individual and their specialty (doctor, nurse, etc.)

Scoring:

- If all entries can be identified by name and title, score as fully met.
- If less than 2 of 10 entries can be so identified, score as partially met.
- If 3 or more entries cannot be identified. score as not met.

e. The record provides an up-to-date and chronological account of patient care

Survey Process:

This requires surveyor judgment.

Scoring:

- This should default to a score of fully met unless the survey team identifies significant deficiencies in the medical records.

IMS. 2: The medical record reflects continuity of care.**Objective Elements**

a. The medical record contains information regarding reasons for admission, diagnosis and plan of care.

Survey Process:

Review 10 medical records (they can be the same record as for previous objective elements) to determine if the reason for admission, the presumptive diagnosis, and the plan of care is documented. This is scored on the cumulative findings for all the records reviewed.

Scoring:

- If all the required 3 elements above are documented in all the records, score as fully met.
- If any of the 3 is missing in any record, score as not met.

- b. Operative and other procedures performed are incorporated in the medical record.

Survey Process:

Review 10 records of patients who underwent surgery or an invasive procedure to verify that the record documents the procedure. The documentation should include at least: the name of the provider, the procedure done, the findings, any specimens removed, and the patient's condition at the conclusion of the surgery/procedure.

Scoring:

- If ALL medical records have documentation of the above 5 requirements of the surgery/procedure, score as fully met.
 - If ANY medical records do not have all the 5 requirements documented, score as not met.
- c. When patient is transferred to another hospital, the medical record contains the date of transfer, the reason for the transfer and the name of the receiving hospital.

Survey Process:

Ask for the medical record of at least one (preferably two) patients who were transferred to another hospital. In addition, the forwarded information should include the results of any diagnostic investigations and any treatments rendered prior to transfer.

Scoring:

- If the medical record documents the date of transfer, the reason for transfer, and the name of the receiving hospital, score as fully met.
 - If the medical record fails to document any of these 3 requirements, score as not met.
- d. The medical record contains a copy of the discharge note duly signed by appropriate and qualified personnel.

Survey Process:

Review 10 medical records of discharged patients. The discharge summary should include at least the following: the reason for admission, significant diagnostic investigation results, any procedures or other treatments, the patient's response to treatment, any discharge medications, and follow-up instructions.

Scoring:

- If ALL discharge summaries include ALL the 6 requirements above, score as fully met.

- Since this is a significant continuity of care issue, if ANY discharge summary does not include all the 6 requirements, score as not met.
- e. In case of death, the medical record contains a copy of the death certificate indicating the cause, date and time of death.

Survey Process:

Ask for 2-3 records of patients who have died. Review these records to verify that they contain a copy of the death certificate that includes the cause, date and time of death.

Scoring:

If all death records include the cause, date and time of death, score as fully met.

If any do not include all the requirements (cause, date and time of death), score as not met..

- f. Whenever a clinical autopsy is carried out, the medical record contains a copy of the report of the same.

Survey Process:

Ask for 2-4 medical records of patients who had an autopsy, verify that the final report is in the medical record.

Scoring:

- If all the reviewed medical records contain the final autopsy report, score as fully met.

- If any do not have the final report, score as not met.

Care providers have access to current and past medical record.

Survey Process:

Request the names of 5 patients who were previously discharged. Then request that these records be brought to the surveyor.

Scoring:

- If all the requested records are available (brought to the surveyor), score as fully met.

- If only 4 of the 5 are available, score as partially met.

- If only 3 are available, score as not met.

IMS. 3: The organization regularly carries out review of medical records.

Objective Elements

a. The medical records are reviewed periodically.

Survey Process:

There should be a policy or other documentation that the hospital has a process for review of medical records and it should define the frequency of this review.

Scoring:

- If the hospital has a medical record review process and a schedule, score as fully met.
- If the hospital has a medical record review process, but it has only occurred twice in the past 12 months, score as partially met.
- If the hospital does not have a medical record review process, or it has never been implemented (no meetings or documentation), score as not met.

b. The review uses a representative sample based on statistical principles.

Survey Process:

Review the documentation of the review to determine if the sample was reflective of the hospital's services and staff. There should be evidence that the hospital defined the sample size.

Scoring:

- If there is evidence that a representative sample (covering the scope of the hospital's services and its staff) is reviewed, score as fully met.
- Of in the collective opinion of the survey team the sample is not representative, score as either partially met or not met

c. The review is conducted by identified care providers.

Survey Process:

Look for documented evidence that the review was done by those disciplines that are authorized to make entries into the medical record. The review should not be done only by medical records personnel.

Scoring:

- If there is documented evidenced that the review was done by members of disciplines that are authorized to make entries into the medical record, score as fully met.
- If the review does not include representatives of all disciplines who are authorized to make entries into the medical record, score as partially met'
- If the review is done only by medical records personnel, score as not met.

- d. The review focuses on the timeliness, legibility and completeness of the medical records.

Survey Process:

Review documentation of the review to verify that it includes timeliness, legibility and completeness of the medical records.

Scoring:

- If the documentation of the review demonstrates evidence of review of timeliness, legibility and completeness of the medical records.
- If the review process does not include all of timeliness, legibility and completeness, score as not met

- e. The review process includes records of both active and discharged patients.

Survey Process:

Review the documentation of the review to verify that both “open” and “closed” records were reviewed. An “open” record is that of a patient currently hospitalized. A “closed” record is of a patient who has been discharged.

Scoring:

- If the review includes both “open” and “closed” records, score as fully met.
- If the review does not include both “open” and “closed” records, score as not met.

- f. The review points out and documents any deficiencies in record.

Survey Process:

Review the minute or other documents that demonstrates the findings of the review, including deficiencies found. Be suspect if the hospital’s review has not identified any problems with medical record documentation.

Scoring:

- If the documentation includes identification of any deficiencies, score as fully met.
- If not, score as not met.

- g. Appropriate corrective and preventive measures undertaken are documented.

Survey Process:

Review the minutes.

Scoring:

- If the minutes document corrective action when indicated (surveyor judgment), score as fully met.
- If not, score as not met.