

Republic of Rwanda



Ministry of Health

# Rwanda Hospital Accreditation Standards

3<sup>rd</sup> edition

August 2022

# Table of Contents

---

<b>ACRONYMS</b> .....	<b>3</b>
<b>Acknowledgements</b> .....	<b>4</b>
<b>INTRODUCTION</b> .....	<b>5</b>
<b>SCOPE AND PURPOSE</b> .....	<b>5</b>
<b>STANDARDS REVISION</b> .....	<b>6</b>
<b>STANDARDS FRAMEWORK</b> .....	<b>6</b>
<i>MAJOR CHANGES IN THE THIRD EDITION</i> .....	7
<i>RISK AREA #1: LEADERSHIP PROCESS AND ACCOUNTABILITY</i> .....	12
<i>RISK AREA #2 COMPETENT AND CAPABLE WORKFORCE</i> .....	26
<i>RISK AREA #3 – SAFE AND FUNCTIONAL ENVIRONMENT FOR STAFF AND PATIENTS</i> .....	34
<i>RISK AREA #4 – CLINICAL CARE OF PATIENTS</i> .....	48
<i>RISK AREA #5 – IMPROVEMENT OF QUALITY AND SAFETY</i> .....	68
<b>GLOSSARY</b> .....	<b>76</b>

# ACRONYMS

---

ACLS	Advance cardiac life support
ARV	Antiretroviral
BLS	Basic life support
CBHI	Community-based health insurance
COHSASA	The Council for Health Service Accreditation of Southern Africa
CPG	Clinical practice guideline
CPR	Cardio-pulmonary resuscitation
DHIS-2	District Health Information System-2
ED	Emergency department
EIDSR	Electronic Integrated Disease Surveillance and Response
HIV	Human immunodeficiency virus
HMIS	Health management information system
ICU	Intensive care unit
HSSPIV	Health Sector Strategic Plan IV
IMCI	Integrated Management of Childhood Illness
IPC	Infection prevention and control
ISQua	International Society for Quality in Healthcare
JCI	Joint Commission International
M&E	Monitoring and evaluation
MNCAH	Maternal Newborn Child and Adolescent Health
MoH	Ministry of Health
MSDS	Material safety data sheets
NICU	Neonatal intensive care unit
NRP	Neonatal resuscitation Program
PALS	Pediatric advanced life support
PBF	Performance-based financing
PCV	Pellet control of vaccine
PDSA	Plan-Do-Study-Act
PHECS	Pre-hospital Emergency Care Service
PMNCH	Partnership for Maternal, Newborn and Child Health
PPE	Personal protective equipment
QI	Quality improvement
RBC	Rwanda Biomedical Center
RMNCH	Reproductive Maternal Newborn and Child Health
SBAR	Situation, Background, Assessment, Recommendation
STI	Sexually transmitted infection
TB	Tuberculosis
TRAC	Treatment Research AIDS Center
USAID	United States Agency for International Development
WHO	World Health Organization

# Acknowledgements

---

The Ministry of Health (MoH) would like to offer sincere thanks to the United States Agency for International Development (USAID) for technical and financial support through the USAID Rwanda Integrated Health Systems Activity (RIHSA).

On this note, I would like to acknowledge the USAID Ingobyi Activity for technical and financial support for the development of new set of standards for Maternal Newborn Child and Adolescent Health (MNCAH) aligned to the World Health Organization (WHO) standards. Special appreciation goes to the WHO for providing the quality of care standards for MNCAH which were adapted to the Rwandan context.

The Ministry of Health would like to thank The Council for Health Service Accreditation of Southern Africa (COHSASA) for providing technical assistance to review the Rwanda Hospital Accreditation Standards and Performance Assessment Tool.

We also would like to acknowledge the Rwandan hospital staff who participated in field testing the hospital standards and this assessment tool. We appreciate the Rwandan surveyors and facilitators who participated in providing valuable feedback for the revisions based on their experience. And finally, the Standards Review Task Force members are congratulated for bringing many suggestions and ideas together for the revised draft of this document.

## INTRODUCTION

---

Improving the quality of health care and services within the hospitals is an ongoing quest of the Ministry of Health (MoH). The commitment of the MoH to quality is evident in the policy statement regarding quality management.

The Rwandan policy statement regarding management of quality reads:

“Quality services in Rwanda are achieved through an equal partnership between the provider and the client, balancing supply of services with the demand for services. All health services in Rwanda regardless of the provider (public, private, or non-governmental organization) will integrate the core values and principles of quality management. The core strategies of Quality Assurance, Performance Based Financing, and Mutual Health Organizations will lead integrating quality management into all health care programming led by a dedicated quality management unit within the Ministry of Health.”

Since 2006, Rwanda has gained experience with accreditation through working with the Council of Health care Service Accreditation of Southern Africa (COHSASA) to accredit the teaching hospitals. Through this experience, the MoH identified the need to implement a national accreditation system to focus on the district hospitals and upgraded provincial and referral hospitals and create a sustainable process for implementing and measuring achievement of standards. The intent is to use the results of accreditation to inform performance-based financing payments, as a means of recognizing facilities that progress toward meeting the quality standards and ultimately achieve accreditation. Consequently, it is imperative that the standards are clear and that the process for measuring these standards is rigorous, reliable, and unbiased.

The Rwandan standards were adapted from the International Essentials of Health Care Quality and Safety designed by Joint Commission International (JCI) to address the five risk areas to patients in hospitals. This approach was selected with the desire to adapt internationally recognized standards to the Rwandan situation and provide progressive levels of recognition to reinforce achieving the standards. In addition, the standards were developed according to the International Society for Quality in Healthcare (ISQua) standards, an organization that accredits accrediting bodies.

## SCOPE AND PURPOSE

---

This is the third set of Rwandan hospital standards. The standards are intended for implementation within the Rwandan hospitals. They are designed for use within the entire organization and cover the full range of services that are described in the MoH “Service Package for Health facilities at different levels of Service delivery”. These standards have been adapted to meet the needs of the healthcare system in Rwanda, and as such, there is no intent for other accrediting organizations to use these standards.

## STANDARDS REVISION

---

A Standards Revision Task Force was convened and coordinated by the Ministry of Health (MOH), that included participants from Rwanda Integrated Health Systems Activity (RIHSA), the Rwanda Agency for Accreditation and Quality Healthcare (RAAQH), professional councils and health facilities. The group reviewed the standards against the criteria of “good” standards (valid, reliable, clear, realistic, and measurable) and the ISQua requirements. They made recommended changes in the five risk areas to meet the needs of health care and services within Rwandan hospitals. In addition, the group identified standards that they considered critical and words that should be included in the glossary. The standards and assessment tool were tested in two hospitals in June 2021. Feedback was obtained from facility staff and surveyors regarding their experience of using the standards, assessment tool and survey process. As a result, a revision of the standards and associated assessment tool were made.

## STANDARDS FRAMEWORK

---

This document identifies five “risk areas” on which to focus initial quality and safety improvement efforts. These five areas were developed from an extensive international literature search on health care quality and safety. “Levels of Effort” are identified for each standard to provide a means for evaluating progress in reducing risk and improving quality. An overview of the risk areas is provided in Table 1; the standards highlighted in green have been identified as “critical” and those highlighted in blue are new standards in the 3<sup>rd</sup> Edition of the Rwanda Hospital Accreditation Standards.

### Organization of Standards

This document covers the following information:

- The five Risk Areas widely recognized as the major domains toward which risk-reduction strategies should be directed.
- The Standard that represents the risk-reduction strategies for that domain.
- The “Risk Link” describes the reason that this issue poses a risk to patients and/or staff.
- The Levels of Effort that represent progressive achievement in reaching the expectation found in a standard.
  - At Level 0, the desired activity is absent, or inconsistent activity related to risk reduction.
  - At Level 1, the policies, procedures, and plans are in place to address the risk.
  - At Level 2, the processes are in place for consistent and effective risk-reduction activities.
  - At Level 3, there are data to confirm successful risk-reduction strategies and continued improvement.

## Classification of Standards

The standards are classified as either critical or core. The guiding definitions are as follows:

- **Critical:** Critical standards are those standards that are required by national laws and regulations or, if not met, may cause death or serious harm to patients, visitors, or staff. Critical Standards are marked in Green in this document.

## Eligible Organizations

Hospitals within Rwanda that offer health care services are eligible for accreditation.

## MAJOR CHANGES IN THE THIRD EDITION

---

- The standards were reviewed and changed where necessary to comply with the ISQua requirements.
- Vague and ambiguous words were removed, and more consistent terminology is used throughout the standards.
- The existing Maternal, Newborn, Child, and Adolescent Health Standards (MNCAH) have been integrated into this set of standards.
- The position and overall responsibilities of each of the hospital's leaders and the process for delegation of authority has been included in Risk Area #1 Standard #1.
- Risk Area #1 Standard #13 has been reviewed to include educating patients about their rights and adding in their responsibilities to the requirements.
- The management of information has been strengthened in Risk Area #1 Standard #4 and the maintenance of information technology will now be measured in the new standard that has been added for infrastructure, utilities, resources and equipment and furniture (Risk Area #3 Standard #1) that requires each service to have input into the what resources they need to perform their functions and for these resources to be maintained.
- Risk area #2 Standard #5 has been extensively reviewed to include the education, skills, competencies, experience, orientation and training and privileging of independent practitioners along with the requirement of a skills development plan and ongoing education, staff training and competency assessment of all staff.
- Evidence-based staffing requirements has been included in the existing standard of "sufficient staff to meet patient needs" (Risk Area #2 Standard #6) to ensure that staff with appropriate skills are allocated in the department where those skills are required.
- Risk Area #3 Standard #4 has been strengthened to include disaster management.
- Risk area #4 Standard #3 has been extensively reviewed to include assessment and care planning of patients by all health professionals (not just nurses and doctors) and includes the ongoing reassessment of patients.
- Risk area #4 Standard #4 has been strengthened to include reproductive and family planning
- Risk Area #5 Standard #6 has been reviewed to include a more robust definition and reporting of near misses and timeframes for communicating with patients about incidents and sentinel events that have affected them.

### **New Standards**

1. Management of policies, procedures, protocols, and clinical guidelines (documented processes)  
Risk Area # - Standard #3
2. Risk management  
Risk Area #1 - Standard #6
3. Infrastructure, utilities, resources and equipment and furniture  
Risk Area #3 – Standard #1
4. Protection from aggression, violence, abuse and loss or damage to property  
Risk Area #3 – Standard #8
5. Pain assessment, reassessment, and appropriate management  
Risk Area #4 – Standard #4
6. Comprehensive management of newborn Care  
Risk Area #4 – Standard #11
7. Access to safe and adequate nutrition for hospitalized children  
Risk Area #4 – Standard #13

### **Merged standards:**

Risk Area #2 – Standards #2, #3 and #4 (now Standard #2)  
Risk Area #4 – Standards #3 and #4 (now Standard #3)

### **Critical Standards:**

No new critical standards have been added.



**Table 1.**

OVERVIEW OF RISK AREAS (Standards highlighted in green are “critical”)

<b>Risk Area▶</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Standards</b>	<b>Leadership Process and Accountability</b>	<b>Competent and Capable Workforce</b>	<b>Safe Environment for Staff and Patients</b>	<b>Clinical Care of Patients</b>	<b>Improvement of Quality and Safety</b>
1	Leadership responsibilities and accountabilities identified	Personnel files available, complete, up to date	Infrastructure, utilities, resources and equipment and furniture (NEW)	Correct patient identification	Quality and safety program
2	Strategic and operational planning	<b>Credentials of healthcare professionals</b>	Regular inspection of environmental safety	Informed consent	Effective customer care program
3	Management of policies, procedures, protocols, and clinical guidelines (documented processes) (NEW)	Privileges for Health Professionals	Management of hazardous materials	Medical, nursing, and allied health professional assessments and reassessment of patients complete and timely	Patient satisfaction monitored
4	Management of health information	Orientation to hospital and jobs	<b>Fire safety and disaster management</b>	Pain assessment, reassessment, and appropriate management (NEW)	Complaint, compliment, and suggestion process
5	Mentorship and oversight of healthcare facilities in catchment area	Trained and competent staff	Biomedical equipment safety	Laboratory services available and reliable	<b>Clinical outcomes are monitored</b>
6	Risk management (NEW)	Sufficient staff to meet patient needs	<b>Stable safe water sources</b>	Diagnostic imaging services available, safe, and reliable	<b>Incident, near miss and sentinel event reporting system</b>
7	Financial management	<b>Oversight of students/trainees</b>	<b>Stable electricity sources</b>	Written plans for care	Staff demonstrate how to improve quality and patient safety

8	Efficient use of resources	Training in resuscitative techniques	Protection from aggression, violence, abuse and loss or damage to property (NEW)	Clinical protocols available and used	Communicating quality and patient safety information to staff
9	Leadership for quality and patient safety	Staff performance management	Coordination of infection prevention and control program	Protocols for managing high-risk patients/procedures	Staff satisfaction monitored
10	Quality requirements in contract management	Staff health and safety program	Reduction of health care-associated infections through hand hygiene	Comprehensive management of reproductive and maternal health care	
11	Integration of quality, safety, and risk management		Effective sterilization processes	Comprehensive management of newborn care (NEW)	
12	Compliance with national laws and regulations		Effective laundry and linen services	Comprehensive management of child and adolescent health care	
13	Commitment to patient and family rights		Reduction of health care-associated infections	Access to safe and adequate nutrition to hospitalized children (NEW)	
14	Patient access to services		Barrier techniques available and used	Comprehensive management of HIV prevention and care	
15	Efficient admission and registration processes		Proper disposal of sharps and needles	Comprehensive management of tuberculosis prevention and care	
16	Effective inventory management		Proper storage and disposal of infectious medical waste	Anesthesia and procedural sedation used appropriately	
17	Effective medical record management		Monitoring, reporting, and preventing the	Surgical services appropriate to patient needs	

			spread of communicable diseases			
18	Oversight of human subject research					Comprehensive management of emergency triage
19						Essential emergency medications, equipment, and supplies
20						Ambulance service equipped
21						Safe medication use
22						Patients educated to participate in their care
23						Communication among those caring for the patient
24						Referral/transfer information communicated
25						Complete and thorough clinical documentation

## RISK AREA #1: LEADERSHIP PROCESS AND ACCOUNTABILITY

Experience around the world has shown that in large and small health care organizations, in general and specialty care facilities, in rural and urban settings, and in public and private settings, the most essential factor in improving quality and patient safety is leadership support at the highest level of the organization. Strong leadership is necessary to create and sustain an organizational culture that supports quality care delivered safely. Leadership for quality can come from many places within the organization such as a governing body, the senior manager, and physician, nursing, and allied health professionals. This leadership can also come from multiple sources outside the organization such as ministries of health, private healthcare organizations and professional associations. Identifying and affirming the leadership for quality and confirming leaders' commitment to champion a quality organization make this the first and most essential risk area.

### STANDARD #1 Leadership responsibilities and accountabilities identified

**The leadership structure of the organization is identified in an organizational chart or other written document that identifies each leader's responsibilities on which he or she will be evaluated.**

#### RISK LINK:

The basis of any quality organization is a clear understanding of which leaders are responsible for setting the mission, plans, and policies of the organization, and how the oversight of daily operations is managed. This level of transparency makes for clear lines of authority and accountability and is fundamental to an organizational culture of quality. Resource decisions needed to advance quality and safety are made at this level.

#### LEVELS OF EFFORT:

**Level 0:** The leadership structure is unclear or not identified.

**Level 1:** There are written, current documents that identify accountable leaders by name, position, and responsibilities and details the process for delegation of authority.

**Level 2:** Leaders are carrying out their responsibilities according to their job descriptions.

**Level 3:** The performance of the leaders is evaluated, and measures have been taken to continuously improve the results of their efforts.

## STANDARD #2 Strategic and operational planning

**Leadership participates in defining the overall mission, vision, and values of the hospital, setting broad strategic goals, and bearing ultimate responsibility for the hospital's operational policies.**

### **RISK LINK:**

Research shows that improved management practices in hospitals are associated with significantly lower mortality rates. Safe, high-quality care cannot be provided by an individual – it takes a team – with all leaders aligned with the mission and goals. The purpose of the mission, vision and goals is to define how the hospital will achieve safety and quality. The leaders need to develop a strategic and operational plan to achieve the mission with specific objectives. The leaders and managers need to review the progress toward meeting these objectives on a regular basis and adjust the strategies as needed to achieve the goals.

Operational plans should be dynamic, open to change if situations change or targets are not being met and remain open to regular revision as circumstances change. Examples of changing circumstances requiring a change of plan would be an unexpected epidemic or a natural disaster, changes in the resources available, or clear signs that goals are not being met.

### **LEVELS OF EFFORT:**

**Level 0:** The leaders do not participate in strategic planning and/or do not have hospital specific mission, vision, or values.

**Level 1:** The leadership has developed a strategic plan that supports long-term goals based on the mission, vision and values of the hospital and accurate data.

**Level 2:** The mission, vision, values, strategic and operational plans are communicated to staff and implemented.

**Level 3:** Progress in achieving the goals and objectives is measured and reviewed in management meetings on at least a quarterly basis.

**STANDARD #3 Management of policies, procedures, protocols, and clinical guidelines (documented processes)**

**The facility's leaders ensure that a system for managing policies, procedures, protocols, and clinical guidelines is implemented.**

**RISK LINK:**

Policies, procedures, protocols, and clinical guidelines are formulated at different levels of authority, for example, national legislation, national health and labor department policies, regional policies and at healthcare facility level.

Implementation of the facility's documented processes will be greatly facilitated by the consistent and uniform management and control of each document. A system should therefore be in place to identify both the nature and control of each documented process developed or used in the facility.

**LEVELS OF EFFORT:**

**Level 0:** There is no system for managing policies, procedures, protocols, and clinical guidelines.

**Level 1:** A policy and procedure guides the management of all documented processes used by the healthcare facility.

**Level 2:** Leaders ensure that all documented processes which apply to the facility are available to personnel and that a mechanism is in place to ensure that personnel are trained on new, existing, and updated documented processes.

**Level 3:** The leaders collect and use data to ensure that documented processes are compiled, indexed, circulated, recalled, and reviewed in accordance with the policy and procedure.

#### **STANDARD #4 Management of health information**

**Accurate and complete health information is available for decision-making at all levels.**

##### **RISK LINK:**

Maintaining, collecting, analyzing, and using health information provides an important connection between doctors, patients, Ministry of Health, insurance providers, and others in the healthcare field. It also assesses the system's effectiveness in detecting health problems, defining priorities, identifying solutions and allocating resources to improve health outcomes.

##### **LEVELS OF EFFORT:**

**Level 0:** There is no effective health information management system.

**Level 1:** Policies and procedures are in place to guide management of health information.

**Level 2:** The management of the health information system is carried out according to policies and procedures.

**Level 3:** The leaders use the health data to make sound decisions.

**STANDARD #5 Mentorship and oversight of healthcare facilities in catchment area**

**Hospital leaders provide ongoing mentorship and oversight of each healthcare facility within their catchment area.**

**RISK LINK:**

Healthcare management that is fragmented poses a risk to the health of a community. Health centers have fewer staff than hospitals and often have less experience and resources to manage patient care. Frequently, the care patients receive in a hospital is not communicated to the health center staff and vice versa; thus compromising the continuity and quality of care. However, when these facilities function interdependently to provide services, service effectiveness and outcomes are improved.

In the Rwandan model, hospital leaders have a responsibility for mentoring and providing oversight to the health centers that reside within their catchment area. These repeated quality interactions will foster trust, mutual understanding, and shared commitment. In turn, the health center staff has a responsibility to learn through the mentors' experiences and avoid learning by trial and error. The health center staff also needs to take the risks of discussing their own weaknesses and needs with their mentors. The partners can try new ways of working and relating, make mistakes, gain feedback, accept challenges, and learn with each other.

**LEVELS OF EFFORT:**

**Level 0:** Policies and procedures do not describe the roles and responsibilities of hospital leadership in mentoring and providing oversight to the healthcare facilities.

**Level 1:** Policies and procedures describe the roles and responsibilities of hospital leadership in mentoring and providing oversight to the associated healthcare facilities and implementation plans exist.

**Level 2:** The hospital leadership provides monthly mentoring and oversight of each of the associated health care centers.

**Level 3:** The effectiveness of the mentorship/oversight program is evaluated, and measures have been taken to continuously improve the results of their efforts.



## STANDARD #6 Risk management

**Leaders work collaboratively to develop, implement, and maintain effective risk management processes in the hospital.**

### **RISK LINK:**

To plan effectively, the hospital must be aware of all relevant clinical and non-clinical risks. The goal is to prevent accidents and injuries, maintain safe and secure conditions for patients, families, personnel, volunteers, and visitors, and reduce and control hazards and risks.

A risk management plan outlines the hospital's risk management processes and approach to managing risk while the risk register contains a list of all identified risks within the hospital, the impact and probability of the risk occurring, the person responsible for monitoring the risk and actions taken to reduce or eliminate the risk. This should be considered a living document which should be updated regularly and reviewed whenever changes in the hospital's risk profile occur, for example, when construction is undertaken, a new service is offered, or new equipment purchased.

### **LEVELS OF EFFORT:**

**Level 0:** A hospital-wide risk management plan and risk register is not developed.

**Level 1:** A hospital-wide risk management plan and risk register is developed.

**Level 2:** A designated leader implements the hospital-wide risk management plan, and staff are trained on risk management processes.

**Level 3:** Analyzed data are used to track and monitor the effectiveness of the risk management system.

## **STANDARD #7 Financial management**

**Hospital leaders use accurate and complete financial data to effectively manage hospital resources to achieve the strategic objectives.**

### **RISK LINK:**

Lack of financial resources is a serious risk for the ability of healthcare facilities to achieve the strategic objectives. The primary roles of financial management are to plan for, acquire and use funds to maximize the efficiency of the hospital. Financial management provides the tools necessary to make better decisions. Whereas accounting provides decision makers with a rational means by which to budget for and measure the hospital's financial performance. Both of these functions are crucial for hospital leaders and managers to manage the finances effectively.

### **LEVELS OF EFFORT:**

**Level 0:** Policies and procedures are not in place to effectively guide the management of finances.

**Level 1:** Policies and procedures are in place to guide financial management and resources are budgeted to achieve the strategic and operational plans.

**Level 2:** Financial management policies and procedures are effectively implemented.

**Level 3:** Leaders monitor the management of finances.

## **STANDARD #8 Efficient use of resources**

**Department leaders and staff are actively involved in resource management.**

### **RISK LINK:**

Using resources wisely is crucial in all countries and especially in resource-poor countries. When resources are wasted, the effect is not having the funds to provide for other resources, which ultimately impacts the ability to provide care. Resource management is performed to ensure effective and efficient medical care. It is designed to evaluate the cost and quality of medical services provided. Faced with diminishing resources and escalating costs, the need to use public resources more cost-effectively has never been greater.

**LEVELS OF EFFORT:**

**Level 0:** Staff is not involved in resource management.

**Level 1:** Staff members have knowledge and skills regarding resource management.

**Level 2:** Actions have been taken to improve resource management.

**Level 3:** Actions taken to improve effective resource management are measured.

**STANDARD #9 Leadership for quality and patient safety**

**The leaders accountable for quality and patient safety are clearly identified, trained, and set the priorities for quality improvement.**

**RISK LINK:**

Clear and consistent leadership from the senior leaders of the organization is necessary for a culture of quality and patient safety. Without clear leadership, a culture of quality will not develop, and quality and patient safety will not be viewed as an organizational priority.

**LEVELS OF EFFORT:**

**Level 0:** The leaders for quality and patient safety have not been identified.

**Level 1:** The quality and patient safety leaders within and outside the hospital are identified in the quality plan.

**Level 2:** The leadership, including committee chairpersons, are trained in quality management.

**Level 3:** The leaders set the priorities for quality improvement in the hospital at least annually and monitor progress toward meeting targets.

**STANDARD #10 Quality requirements in contract management**

**Quality considerations are a part of all contracts and agreements for clinical or support services from sources outside the health care organization.**

**RISK LINK:**

Health care organizations frequently arrange for clinical or support services from outside sources. These may range from clinical laboratory services to equipment maintenance or food service management. Because these services can often impact the quality and

safety of services, there is a clear process to approve all contracts or agreements and to include quality requirements. Processes need to be in place to monitor whether the quality expectations are met, and corrective actions taken when indicated.

**LEVELS OF EFFORT:**

**Level 0:** There is no clear and collaborative process for managing contracts with outside sources of services.

**Level 1:** A policy and procedure describes the mechanism for management of contracts that includes negotiation and approval of all contracts.

**Level 2:** Contracts include quality requirements.

**Level 3:** Contracts are renewed only when the quality requirements are met.

**STANDARD #11 Integration of quality, safety, and risk management**

**The organization integrates all quality, safety, and risk-management activities to increase the efficiency and effectiveness of measurement and improvement activities.**

**RISK LINK:**

Quality, safety and risk management goals, indicators and databases may have overlapping priorities. This can fragment and undermine the effectiveness of these programs. It is therefore best to integrate all quality, safety, risk management, and other similar programs to coordinate approaches, use resources wisely, and provide hospital leadership with an overall picture of quality, risk and patient safety in the organization.

**LEVELS OF EFFORT:**

**Level 0:** The integration and communication between the quality and safety committees and other risk management activities are not clear.

**Level 1:** The integration and communication between the quality and safety committees and other risk management activities of the organization is described in the quality plan.

**Level 2:** Quality and safety committees are integrated and coordinated, and data collection and analysis processes are integrated when appropriate.

**Level 3:** Improvements that are implemented have considered quality and safety implications.

## **STANDARD #12 Compliance with national laws and regulations**

**Designated individuals in the hospital are responsible for making the organization aware of applicable ministerial instructions, national laws and regulations and ensuring that the organization complies with them.**

### **RISK LINK:**

Patients and their families assume that health care organizations comply with national laws and regulations, such as fire safety, clean water, and infection control. When organizations ignore such laws and regulations or are not in compliance, patients and staff alike are at risk. The organization needs a clear structure to ensure ongoing compliance and reporting to the senior leaders.

### **LEVELS OF EFFORT:**

**Level 0:** There is no process or responsible individual that ensures compliance with ministerial instructions, national laws, and regulations.

**Level 1:** Designated individuals are responsible for ensuring compliance with ministerial instructions, national laws, and regulations.

**Level 2:** There is a mechanism for staying aware of the ministerial instructions, national laws and regulations that apply to the hospital and for reporting and responding to audit and inspection reports.

**Level 3:** The hospital leaders are informed when the organization does not comply with ministerial instructions, national laws, and regulations and how compliance problems have been resolved.

## STANDARD #13 Commitment to patient and family rights

**The organization's leaders identify patient and family rights and responsibilities and staff respect and protect the rights of patients and their families in the health care process.**

### RISK LINK:

Patient participation is integral to an organization's culture of safety. International organizations, such as the World Health Organization (WHO), recognize that health care is significantly safer when patients exercise their rights to participate in care decisions, receive information in a language and communication method they can understand, give informed consent for high-risk treatments and procedures, and have an advocate present when appropriate.

### LEVELS OF EFFORT:

**Level 0:** The organization does not have a patients and family rights and responsibility document.

**Level 1:** The organization has identified patients and family rights and responsibilities and communicated them to staff.

**Level 2:** Staff respect and protect the rights of patients and their families, including recognizing the cultural and spiritual sensitivities of patients/service users and their communities.

**Level 3:** The hospital asks patients if they were made aware of their rights and responsibilities and if their rights were respected and uses analyzed data for improvement and staff training purposes.

## STANDARD #14 Patient access to services

**Efficient and effective processes are in place to facilitate patient access to health care services.**

### RISK LINK:

Patients are at risk of not receiving the health care that they need when there are barriers to access. Leaders needs to be aware of the barriers in order to find ways to minimize them. Special attention needs to be given to facilitating access for patients with disabilities.

**LEVELS OF EFFORT:**

**Level 0:** The scope of services provided by the hospital has not been defined and/or barriers to access have not been addressed.

**Level 1:** The scope of services provided by the hospital is described, which is aligned with the service package, and based on the needs of the community.

**Level 2:** Barriers to access are investigated and actions taken to make improvements.

**Level 3:** Data is used to inform decisions to improve access to services.

**STANDARD #15 Efficient admission and registration processes**

**Efficient and effective processes are in place to facilitate patients' admission to the hospital.**

**RISK LINK:**

Patients not being aware of the available services or being unable to locate the hospital and service areas are barriers to accessing services as are time-consuming admission processes. Inappropriate use of services, for example, patients placed in ICU or emergency beds that do not require critical care, can limit access to the service by other patients in need of these services.

**LEVELS OF EFFORT:**

**Level 0:** Services are not well-marked.

**Level 1:** Services are well marked internally and externally. Policies and procedures for admission and registration processes are written, including admission and discharge criteria to specialty units (for example, ICU, mental health).

**Level 2:** An efficient process for admitting patients is in place and admission and discharge criteria are used to make decisions regarding the most appropriate patient placement.

**Level 3:** The efficiency of the admission process and the use of admission and discharge criteria for patient placement is monitored and measures taken to improve the process.

### **STANDARD #16 Effective inventory management**

**An efficient and effective inventory management system is in place.**

#### **RISK LINK:**

Adequate medications, equipment and supplies are required to provide care and treatment as well as conduct testing procedures. When these items are not available, the patient is at risk of not receiving timely test results, treatments and perhaps, surgical interventions.

#### **LEVELS OF EFFORT:**

**Level 0:** Inventory management policies and procedures to manage medications, equipment and supplies are not in place in each department.

**Level 1:** Inventory management policies and procedures to manage medications, equipment and supplies are in place in each department.

**Level 2:** Staff members responsible for inventory management are trained to carry out systematic processes to manage inventories.

**Level 3:** Data are collected to determine the effectiveness of inventory management.

### **STANDARD #17 Effective medical record management**

**There is a record of medical examination and/or treatment for every patient seen in the hospital, including inpatients, outpatients, and emergency patients.**

#### **RISK LINK:**

The medical record contains information used by the healthcare professionals to make decisions regarding care and treatment. When the information is not available or kept in different locations, the caregiver does not have complete information to make these decisions. In addition, effective processes are required to ensure the confidentiality of records when they are in use and stored, and to provide security and sufficient storage space for medical records. The archival staff members are responsible for safeguarding the medical records from tampering, loss, and unauthorized use.

Medical records may be both paper-based, electronic or a mixture of both health record systems. Electronic systems vary greatly in their sophistication and can range from a simple spreadsheet which registers all patient admissions/folders to an entire health record.



**LEVELS OF EFFORT:**

**Level 0:** A current policy and procedure manual that describes the management of medical records is not present.

**Level 1:** A current policy and procedure manual describes the management of medical records.

**Level 2:** Each medical record contains sufficient information to identify the patient. Each patient has one medical record, and all admissions are filed in the one folder. A process is carried out to verify that all required documentation is complete after discharge.

**Level 3:** There is a central archival system that is well-organized such that medical records are easily located, the records are safe and secure.

**STANDARD #18 Oversight of human subject research**

**Oversight is provided of any human subject research conducted in the organization, which includes a clear mechanism to protect patient rights and safety.**

**RISK LINK:**

Many types of research occur in health care organizations, from formal drug trials to the use of a drug or device for a purpose other than for which it was approved. Because all research poses potential risk to subjects/patients, there needs to be an oversight mechanism that protects subjects/patients and holds the organization to the highest ethical standards of behavior.

**LEVELS OF EFFORT:**

**Level 0:** There is no oversight of human subject research in the organization.

**Level 1:** There is a committee or other mechanism to provide oversight of all research involving human subjects.

**Level 2:** There is verification of authorization and oversight that all research protects the rights and safety of subjects/patients.

**Level 3:** There is a report to show that the research is carried out according to protocols in respect to patients' rights and to guide enhancements to the program of research oversight.

## RISK AREA #2 COMPETENT AND CAPABLE WORKFORCE

Patients assume that the health care professionals providing their care and treatment are competent and capable. Furthermore, even though health care professionals may intend to provide quality and safe patient care every day, they are frequently not supported by consistent and low-risk processes and systems, thus placing patients at risk. Many health care professionals, such as physicians, traditional care providers, and others, are permitted by law or regulation to work without supervision and thus without some of the checks and balances that reduce risk. It is essential that all health care professionals have appropriate and valid credentials and are competent to provide care and treatment to patients.

A primary activity related to a competent and capable workforce is an appropriate orientation and ongoing education in patient risk areas. These include a general orientation to the organization such as information on infection control, hazardous materials management, and others. In addition, staff must be oriented to the specific department requirements. It is also critical that staff members know how to communicate essential patient information from one person to another and from one care unit to another. The criteria below address risk points in workforce management.

### STANDARD #1 Personnel files available, complete, and up to date

**All staff members have a personnel file that is complete, up to date according to the policy and procedure.**

#### RISK LINK:

Patients are at risk when health care professionals provide care and treatments for which they are not qualified. Thus, job descriptions improve safety by clearly identifying what activities and services the professional is qualified to provide. Job descriptions and job assignments are based on evidence such as completion of health profession training programs, in-service education, competence and other work experience.

#### LEVELS OF EFFORT:

**Level 0:** A policy that outlines the content to be included in the personnel file is not written.

**Level 1:** Policies describe the content that is to be included in the personnel file and job descriptions.

**Level 2:** Personnel files are filed in a standardized order and contain all required elements as described in the policy.

**Level 3:** A process is in place to manage personnel files.

## STANDARD #2 Credentials of healthcare professionals

**There is a process to gather and verify the credentials of healthcare professionals and to evaluate and authorize them to provide patient services that are appropriate to their licensure, education, training, and competence.**

### **RISK LINK:**

Physicians work independently evaluating patients, making decisions regarding patient care, and performing high-risk procedures such as surgery. Patients place high trust in their physicians. Organizations need consistent processes for gathering, verifying, and reviewing the credentials of physicians to ensure that patient trust is not violated, and the services of physicians do not place patients at risk.

Nurses are often the primary patient caregivers. They evaluate patients, provide certain nursing services independently, and carry out physician orders. Nurses often prepare medications and administer most medications to patients - two high-risk procedures. Nurses may have unique training and skills (for example, nurse midwives, intensive care nurses). The assignment of the nurse must be based on a careful review of qualifications to ensure patient safety.

A variety of other health professionals, including laboratory technicians, nutritionists, physical therapists, and respiratory therapists, work in health care organizations, often providing evaluations and services without the direct supervision of physicians or nurses. This can be high risk if the individual is not adequately trained. Also, because training programs for these health professionals vary widely, and many health care organizations provide on-the-job training, it is important that the qualifications of these professionals support their job responsibilities.

### **LEVELS OF EFFORT:**

**Level 0:** There is no process to gather and verify the credentials of healthcare professionals.

**Level 1:** A policy and procedure describes a uniform process for gathering and verifying the credentials of healthcare professionals (including independent clinical practitioners and volunteers) and assigning responsibilities accordingly.

**Level 2:** The credentials are gathered and verified according to the policy and procedure. and healthcare professionals are assigned roles and responsibilities based on the credentials.

**Level 3:** Evidence shows that the credentialing process is effective.

### STANDARD #3 Privileges for Health Professionals

**A standardized objective, evidence-based procedure is used to authorize health professionals to provide clinical services consistent with their qualifications, experience, and competence.**

#### RISK LINK:

The determination of the current clinical competence and making a decision about which clinical services the health professionals will be permitted to perform, called “privileging”, is the most critical determination an organization will make to protect the safety of patients and advance the quality of its clinical services.

#### LEVELS OF EFFORT:

**Level 0:** There is no a committee and policy and procedure for granting clinical privileges to health professionals, or it is not consistently implemented.

**Level 1:** A policy and procedure describes a standardized process to grant clinical privileges to health professionals and assign job responsibilities accordingly.

**Level 2:** The organization uses a standardized procedure to approve privileges on initial appointment and when new skills have been acquired to each type of health professionals listed in the policy and procedure. The patient services to be provided by each health professionals are clearly delineated and communicated by hospital leaders across the organization and to the practitioner.

**Level 3:** Each privileged practitioner provides only those services that have been specifically permitted by the hospital. The medical staff leaders can demonstrate how the procedure was effective in the appointment process.

### STANDARD #4 Orientation to hospital and jobs

**All staff members, volunteers, contract workers and independent practitioners are oriented to the hospital, their job responsibilities, job assignments, and work location.**

#### RISK LINK:

Inadequate job orientation is a major contributor to adverse events in health care organizations. Such events include mistakenly giving patients concentrated electrolyte solutions, not knowing how to operate medical equipment, and injuring patients,

administering incorrect medications, and many other situations that can lead to patient harm or even death. A thorough job orientation to the unit on which the individual is to work, or the unit on which the worker is temporarily assigned, is essential for patient safety.

#### **LEVELS OF EFFORT:**

**Level 0:** There is no policy and procedure for general overall hospital and job-specific orientation for new, and reassigned staff, volunteers, contracted workers, and independent practitioners.

**Level 1:** A policy and procedure for general overall hospital and job-specific orientation for new, and reassigned staff, volunteers, contracted workers, and independent practitioners is available.

**Level 2:** General and specific job orientation is provided for all new, reassigned staff, volunteers, contracted workers, and independent practitioners.

**Level 3:** The implementation and effectiveness of the orientation program is monitored and improved upon when required.

#### **STANDARD #5 Trained and competent staff**

**Ongoing training and competency assessment is provided to maintain and improve the knowledge and skills of staff members to ensure competency to perform their job.**

#### **RISK LINK:**

Competence includes knowledge and skills. Healthcare providers gain competence through pre-service and ongoing training as well as through on-the-job experience. Measuring competence is essential for determining the ability and readiness of healthcare workers for providing quality care services. Less competent providers are less likely to provide quality services. Therefore, competency measurement can be used to evaluate individuals in terms of their ability to provide services as per the prescribed policies, procedures, and protocols. In order to provide quality services, healthcare providers must have the competencies necessary to perform their jobs according to standards.

To ensure that the hospital is managed by skilled and competent leaders, those who are appointed in leadership roles should be provided with the training required to enable them to perform their functions.

**LEVELS OF EFFORT:**

**Level 0:** A training and competency assessment plan to ensure that staff knowledge and skills are consistent with patient needs has not been developed.

**Level 1:** The hospital has developed a training and competency assessment plan to ensure that staff knowledge and skills are consistent with patient needs.

**Level 2:** Training and competency assessment is carried out to meet the educational needs of staff.

**Level 3:** The effectiveness of staff training and competency assessment is monitored.

**STANDARD #6 Sufficient staff to meet patient needs**

**A recognized planning process is used to determine the level of staffing and skill mix required to meet the needs of the patients and services provided.**

**RISK LINK:**

Reports of research on staffing (primarily nursing) over the past decade have documented that in hospitals with high patient-to-nurse ratios, patients experience higher mortality and failure-to-rescue rates, and nurses are more likely to experience burnout and job dissatisfaction. In addition, when nurses' workloads increase during shifts because of high patient turnover, mortality risk also increases.

**LEVELS OF EFFORT:**

**Level 0:** Written staffing plans that identify the number of staff needed per shift considering the size of the hospital, the scope of services provided and the workload in each department are not available.

**Level 1:** Staffing plans are written in each department that identifies the number of staff needed per shift considering the size of the hospital, the scope of services provided and the workload.

**Level 2:** The work schedule provides an adequate number of staff (according to the plan) on each shift to meet the departmental needs.

**Level 3:** Staffing plans are evaluated to determine whether adequate staffing is provided; when shortages exist, leaders set priorities and make adjustments to provide safe care.

## **STANDARD #7 Oversight of students/trainees**

**When the organization is a training site for health care professional students, there is adequate oversight of the students and trainees to ensure that they are known to staff, that their current competence matches any patient care responsibilities they may have, that they have the appropriate level of supervision, and that the training program is integrated into the quality and patient safety program.**

### **RISK LINK:**

Many hospitals are training sites for medical, nursing, and other health professional students. It is important that the current competence (level of training) of each trainee is known, and the trainees are appropriately assigned and supervised based on their competency. Trainees can introduce a new level of risk to patients unless the training program is well managed with good oversight.

### **LEVELS OF EFFORT:**

**Level 0:** A current policy and procedure on the oversight of student/trainees is not available.

**Level 1:** A current policy and procedure is available on student oversight.

**Level 2:** The number of trainees and their assignments are known. The current competence (level of training) of each trainee is known, which is used to make assignments and indicate level of required supervision.

**Level 3:** Monitoring is performed to determine whether the oversight of students is in compliance with the policy and procedure.

## **STANDARD #8 Training in resuscitative techniques**

**All staff are trained in resuscitative techniques by a certified trainer, have evidence of satisfactory completion of advanced or basic training, and are re-trained every two years. The impact of the training on survival rates following cardiac events is tracked and used to improve the program.**

### **RISK LINK:**

Every person employed in the hospital should be trained in basic cardiopulmonary resuscitation to ensure that they can call for help and commence life-saving

interventions while waiting for assistance. The training and competency assessment plan should set out the levels of training required for each category of staff.

It is essential that areas where cardiac life support may be needed (for example, emergency areas, intensive care units, operating theaters) have individuals with cardiac life-support training immediately available or have life-support teams available in the organization. Additional risks are that the training is not competency-based, conducted by qualified individuals or retraining does not occur.

#### **LEVELS OF EFFORT:**

**Level 0:** No policy and procedure exists defining the staff requirements for resuscitation training.

**Level 1:** A policy and procedure defines the staff that are required to be trained and at which level (for example, basic CPR, BLS, ACLS, PALS or NRP). A resuscitation policy and procedure describes how to respond to a resuscitation emergency.

**Level 2:** Staff members have successfully completed competency-based training by a qualified instructor and have been retrained within the last two years according to the policy.

**Level 3:** There are data that show the impact of the training program that are used to improve the program.

### **STANDARD #9 Staff performance management**

**Staff performance is evaluated on a regular basis and feedback provided to the employee to improve work performance.**

#### **RISK LINK:**

Conducting performance appraisals provides the employees with feedback about their work performance based on standards expectations described in the job description. When staff are not aware of their performance, they may continue on a path that leads to poor patient care, service delivery or making errors. Therefore, it is important to provide each employee ongoing feedback regarding their job performance to provide an opportunity for them to make improvements.



**LEVELS OF EFFORT:**

**Level 0:** No policy and procedure exists describing the performance management process.

**Level 1:** A policy and procedure describes the performance management process.

**Level 2:** The performance management process is implemented according to the policy and procedure.

**Level 3:** The effectiveness of the performance management process is evaluated.

**STANDARD #10 Staff health and safety program**

**A program to promote staff health, reduce health hazards for staff and provide safe working conditions is in place.**

**RISK LINK:**

A healthy workforce is essential to provide quality and safe patient care. Staff may bring infectious diseases into the hospital from the community, or they may spread infections between patients, and may even be absent or ineffective in their work if they are injured or ill. Processes need to be in place to assess potential occupational risks of all categories of staff and implement ways to minimize those risks. Where risk resides, there needs to be proactive steps to protect workers. (Common risks include control of hazardous materials, prevention of injuries from poorly maintained equipment, immunizations, or other measures to protect workers from infectious diseases, screening for tuberculosis and other diseases, and proper care for needle and sharps exposure and other work-related injuries.)

Research shows that by actively promoting staff health an organization can improve productivity and reduce absenteeism, build and sustain employee morale, retain staff and improve staff's health behaviors which in turn will reduce health care costs.

**LEVELS OF EFFORT:**

**Level 0:** A policy and procedures does not identify how staff health is promoted and the management of work-related injuries and incidents.

**Level 1:** A policy and procedure identifies how staff health is promoted and the management of work-related injuries and incidents. Staff injuries and health issues are attended to in a reactive manner as incidents occur.

**Level 2:** The hospital has a proactive program to promote staff health and to identify and implement processes to reduce staff safety risks.

**Level 3:** The hospital collects and analyzes data on staff health, risks and injuries and can demonstrate increased safety and reduced health incidents.

### **RISK AREA #3 – SAFE AND FUNCTIONAL ENVIRONMENT FOR STAFF AND PATIENTS**

Health care organizations are very complex places which house a significant amount of equipment, hazardous materials, and many types of patient supplies. Health care practitioners may be proficient in using equipment but may often lack the expertise to inspect and maintain the equipment. Those inspecting and maintaining equipment may not have the required skills and knowledge to ensure that equipment is functional and safe. Health care facilities typically undergo frequent remodeling or expansion, resulting in varying types and levels of fire safety conditions. These are a few examples of why health care organizations are high-risk places for patients, staff, and visitors. Reducing environmental risks requires leadership commitment to safety, staff training, and regular inspection, maintenance, and monitoring.

Patients and visitors usually do not understand the risks in the health care environment and assume conditions are safe. Because they are not prepared to be cautious on their own behalf, the organization must take appropriate actions to ensure that patients and staff are safe and to provide a protective and supportive environment.

To provide safe patient care, service-specific resources are required. The physical facilities must be clean, functional, well ventilated, and well-lit. Sluice rooms, treatment rooms, dressing rooms and storage space (for example, for clean linen, cleaning equipment, medications, equipment, and supplies) should be available and secure to prevent unauthorized access. Sanitary and bathing facilities must accommodate the number of patients in the service and patient accommodation must provide for privacy and safety. The design of facility should provide for a logical flow of patient care, services, and tasks (for example, in theatre, CSSD, laundry and in specialized services such operating theatre, ICU and maternity).

#### **STANDARD #1 Infrastructure, utilities, resources and equipment and furniture**

**The infrastructure, utilities, resources, equipment, and furniture of the facility meet patient and service-specific needs.**

#### **RISK LINK:**

The availability of safe and effective infrastructure, utilities, medications, supplies, equipment, and furniture provide the enabling environment for a hospital and health providers to function effectively.

**LEVELS OF EFFORT:**

**Level 0:** There is no plan to provide the space, utilities, equipment, resources, and furniture needed to support the services safely and effectively.

**Level 1:** The leaders plan the space, utilities, equipment, resources, and furniture needed to safely and effectively support the services provided and the plan is reviewed when the strategic and operational plans of the facility are reviewed.

**Level 2:** The space, utilities, equipment, resources, and furniture needed to support the services safely and effectively are provided and well maintained.

**Level 3:** Implementation of the plan to provide functional space, utilities, equipment, resources, and furniture is monitored and improvements made when required.

**STANDARD #2 Regular inspection of environmental safety**

**All the health care organization's buildings and grounds are thoroughly and regularly inspected to identify and reduce safety risks to patients, staff, and visitors.**

**RISK LINK:**

The first step to protect patients, staff, and visitors from risks in the health care environment is for the organization to know the location, nature, and severity of the risks. This inspection covers a full range of risks, from broken furniture and locked or blocked fire exits to faulty biomedical equipment, terrain, road conditions and missing signs. The effort then is to systematically reduce or eliminate those risks.

**LEVELS OF EFFORT:**

**Level 0:** There is inspection process to identify health care environment risks.

**Level 1:** There is an inspection process to identify and list health care environment risks of all types.

**Level 2:** The risks identified during the inspection process are prioritized according to severity and likelihood of occurrence and a plan is developed to reduce priority risks.

**Level 3:** The risks identified are systematically reduced or eliminated, and the list is updated through periodic, routine re-inspections.

### STANDARD #3 Management of hazardous materials

**There is a list of hazardous materials in the organization and a plan for their safe handling, storage, disposal, and use.**

#### **RISK LINK:**

Hazardous materials include examples such as radioactive diagnostic and treatment materials, chemicals in the clinical laboratory, and caustic cleaning supplies. The first level of risk reduction is identifying the location of hazardous materials and the second level of risk reduction is proper labeling, storage, and handling of the materials. Spilled hazardous materials need to be reported, investigated, and cleared in a manner that does not expose patients, staff, and visitors to undue risk.

#### **LEVELS OF EFFORT:**

**Level 0:** There is no inventory of all the locations, types, and volume of hazardous materials available.

**Level 1:** There is an inventory of the all the locations, types, and volume of hazardous materials and a plan for management.

**Level 2:** Based on the plan, hazardous materials are safely and properly handled, labeled, stored, used, and disposed.

**Level 3:** Policies and procedures describe the required equipment, PPE, staff training, management and investigation of spills or accidents with hazardous materials.

#### STANDARD #4 Fire safety and disaster management

**There is a program to ensure that all occupants of the healthcare facility are safe from fire and smoke.**

##### **RISK LINK:**

Although fires are not common in healthcare facilities, when they occur, they can have devastating outcomes. An effective approach to fire safety includes fire risk reduction, appropriate reaction when a fire occurs, and staff knowledge and training to ensure patients and staff can exit safely or move to safety in another part of the building. An effective fire program includes prevention, early detection, suppression, abatement, and safe exit from the facility. All staff is regularly trained on the fire safety program. The fire plan is tested, including any related equipment, as well as staff knowledge on how to move patients to safe areas.

Community emergencies, epidemics, and disasters, for example, damage to patient care areas because of an earthquake, or infections that affect large numbers of personnel, may directly involve the hospital. The hospital should also be prepared for bomb threats, flooding, natural disasters, failure of water and electrical supplies, hostage taking, explosions and the consequent loss of vital services. As with fire, there may be a time when it is necessary to evacuate patients. This can only be done quickly and effectively if personnel are trained in evacuation procedures. To respond effectively, those responsible for risk management must develop a plan and test it. The plan must include processes to access alternative care sites when necessary and alternative sources of medical supplies, communications equipment, food, and water.

##### **LEVELS OF EFFORT:**

**Level 0:** There is no hospital-specific fire safety and disaster management program.

**Level 1:** There is a program for fire safety and disaster management that is specific to the hospital and includes training, prevention, early detection, and safe exit of staff and patients.

**Level 2:** The fire safety and disaster management program has been implemented throughout the organization and sufficient equipment is available and functioning.

**Level 3:** The fire safety and disaster management program is continually monitored and tested annually, and the results are used to continually improve fire safety.

**STANDARD #5 Biomedical equipment safety**

**There is an inventory of all biomedical equipment, and qualified individuals provide appropriate inspection, testing and preventive maintenance of the equipment; a replacement plan for all biomedical equipment is in place.**

**RISK LINK:**

Poorly maintained biomedical equipment can injure patients and staff. Broken, unusable equipment can potentially compromise the diagnostic and treatment process for patients. Poorly maintained equipment may not give accurate results, further compromising patient care.

**LEVELS OF EFFORT:**

**Level 0:** There is no inventory of biomedical equipment and/or no organized program for inspecting, testing, and maintaining equipment.

**Level 1:** There is an inventory of all biomedical equipment and a replacement plan and comprehensive program for inspecting, testing, and maintaining biomedical equipment by qualified individuals is carried out.

**Level 2:** All biomedical equipment is appropriately inspected, tested, and maintained. Only trained and competent people handle specialized equipment.

**Level 3:** Data related to the program are used to reduce equipment breakdown and reduce risk to patients and staff.

## **STANDARD #6 Stable safe water sources**

**Safe water is available 24 hours a day, seven days a week, through regular or alternate sources, to meet essential patient care needs.**

### **RISK LINK:**

Clean water is needed for many activities in a healthcare organization, including sterilization and infection control. Without a plan for alternate sources of water, patients and staff are at risk for infection and potentially, death.

### **LEVELS OF EFFORT:**

**Level 0:** Availability of safe water is unpredictable, and/or alternate sources have not been arranged or are also unstable.

**Level 1:** A plan describes the processes for maintaining a safe water supply.

**Level 2:** A stable source of safe water and alternate sources are available; uninterrupted sources of clean water are available to support essential processes for patient care.

**Level 3:** The hospital ensures that the water is treated regularly and tested; the results are used to ensure patients have an uninterrupted supply of safe water.

## **STANDARD #7 Stable electricity sources**

**Electrical power is available 24 hours a day, seven days a week, through regular or alternate sources, to meet essential patient care needs.**

### **RISK LINK:**

Electricity is needed to refrigerate medicines and blood and blood products and to operate all types of equipment, including respirators and other life-maintaining equipment.

Without a plan for alternate sources of electricity, many patients are at high risk for injury and death.

**LEVELS OF EFFORT:**

**Level 0:** Electrical power is unpredictable, and/or alternate sources have not been arranged.

**Level 1:** Essential equipment and processes requiring electricity that support patient care have been identified.

**Level 2:** A process is in place to ensure an uninterrupted source of electrical power to essential equipment and processes.

**Level 3:** The organization tests the utilities program and uses the information to ensure patients are safe if electrical power is interrupted.

**STANDARD #8 Protection from aggression, violence, abuse and loss or damage to property**

**Patients, staff, and visitors are protected from aggression, violence, abuse and loss or damage to property.**

**RISK LINK:**

Leaders have a responsibility to ensure that the facility as well as patients, staff and visitors are safe from aggression, violence, and abuse (physical, sexual, verbal, psychological and financial). Those responsible for risk management should ensure that systems are developed and implemented to provide protection from such incidents, including the identification of specific areas of the facility and patient groups that are particularly vulnerable, for example, remote areas of the grounds with poor lighting and vulnerable patients (newborns, children, the elderly and disabled, comatose and mentally ill patients, etc.). Additional security measures should be provided for these areas and groups. Security services must include both the external and internal monitoring of the facility's security to ensure that everyone in the hospital is protected from personal harm and from loss or damage to property.

**LEVELS OF EFFORT:**

**Level 0:** The hospital has not developed policies and procedures to protect patients, staff and visitors from aggression, violence, abuse and loss or damage to property.

**Level 1:** As part of the risk management strategy, the hospital has developed policies and procedures to protect patients, staff and visitors from aggression, violence, abuse and loss or damage to property.

**Level 2:** Staff are trained, and patients, staff, and visitors are protected from aggression, violence, abuse and loss or damage to property.

**Level 3:** The processes for protecting patients, staff, and visitors from aggression, violence, abuse and loss or damage to property are evaluated for effectiveness.



#### **STANDARD #9 Coordination of infection prevention and control program**

**One or more individuals oversee and coordinate all infection prevention and control activities that is qualified in infection prevention and control practices through education, training, experience, or certification.**

##### **RISK LINK:**

Effective infection prevention and control requires consistent oversight and coordination by one or more qualified individuals. This is essential for caring for infectious disease patients as well as preventing patient and staff infections from drug-resistant and other hospital-endemic organisms. When individuals accountable for the infection prevention and control program are unqualified or do not have time to carry out their responsibilities, patients and staff are at high risk for acquiring hospital-associated infections, and even patient deaths.

##### **LEVELS OF EFFORT:**

**Level 0:** No position description exists for the infection prevention and control focal person.

**Level 1:** A position description exists for an infection prevention and control (IPC) focal person, which is included in the personnel file.

**Level 2:** The focal person has received sufficient training in infection prevention and control to fulfill the job responsibilities.

**Level 3:** A qualified IPC focal person carries out surveillance, data gathering, aggregation and analysis of infection prevention and control data, quality improvement activities and staff training.

#### **STANDARD #10 Reduction of health care associated infections through hand hygiene**

**A hand hygiene program based on accepted guidelines is effective in increasing compliance with hand hygiene guidelines.**

##### **RISK LINK:**

Transmission of infections most commonly occurs due to lack of proper hand hygiene. Infections contribute to increased length of stay, cost, morbidity, and mortality. The adoption and consistent use of hand hygiene guidelines from WHO or another authoritative source can dramatically decrease infections.

**LEVELS OF EFFORT:**

**Level 0:** A structured hand hygiene program is not in place.

**Level 1:** Hand hygiene is emphasized and guided by evidence-based guidelines.

**Level 2:** A consistent and effective hand hygiene program is in place with adequate equipment and supplies.

**Level 3:** Infection prevention and control data and hand hygiene surveillance data are used to improve the program.

**STANDARD #11 Effective sterilization processes**

**Effective sterilization processes are consistently carried out according to current evidence-based guidelines.**

**RISK LINK:**

Each procedure that involves contact by a medical device or surgical instrument with a patient's sterile tissue or mucous membranes creates a major risk for the introduction of pathogens that lead to an infection. Disinfection and sterilization are essential for ensuring that medical and surgical instruments do not transmit infectious pathogens to patients. Failure to properly disinfect or sterilize equipment carries not only risk associated with breach of host barriers but also risk of person-to-person transmission (hepatitis B virus) and transmission of environmental pathogens (pseudomonas aeruginosa).

**LEVELS OF EFFORT:**

**Level 0:** Current sterilization policies and procedures are not available.

**Level 1:** Decontamination and Sterilization processes are guided by evidence-based policies and procedures carried out by competent staff with adequate equipment and supplies.

**Level 2:** Consistent and effective decontamination and sterilization process are in place.

**Level 3:** There is documented evidence that complete sterilization has been accomplished.

## **STANDARD #12 Effective laundry and linen services**

**Effective laundry and linen processes are consistently carried out according to current evidence-based guidelines.**

### **RISK LINK:**

Linen may become a contaminated surface with the possibility of transferring pathogens. When textiles are contaminated with potentially infective body substances, they can transmit bacteria. Therefore, use of current control measures should be used to minimize the contribution of contaminated laundry to the incidence of healthcare associated infections.

### **LEVELS OF EFFORT:**

**Level 0:** Current laundry and linen policies and procedures are not available.

**Level 1:** Current evidence-based policies and procedures guide the operation and maintenance of laundry and linen services.

**Level 2:** Consistent and effective laundry and linen processes are in place with adequate equipment and supplies.

**Level 3:** There is a quality control program for laundry and linen services.

## **STANDARD # 13 Reduction of health care associated infections**

**The hospital has an active program to reduce the risks of health care associated infections.**

### **RISK LINK:**

Infections contribute to increased length of stay, cost, morbidity, and mortality. Patients with vascular and urinary catheters, intubated patients, and post-surgical patients are at particular risk of developing an infection.

### **LEVELS OF EFFORT:**

**Level 0:** A systematic approach to infection prevention and control is not in place.

**Level 1:** An infection prevention and control plan with measurable quality goals is in place that guides the implementation of the program.

**Level 2:** Risks of health care associated infections are identified for patients, staff, and visitors and measures taken to reduce the risks.

**Level 3:** The infection prevention and control program is evaluated for effectiveness in reducing the incidence of health care associated infections, through monitoring infection rates.

**STANDARD # 14 Barrier techniques available and used**

**Gloves, masks, eye protection, and other protective equipment are available and used correctly when required.**

**RISK LINK:**

Along with hand hygiene, barrier techniques are essential to any program to reduce the risk of infections in patients and staff. To be effective, the supplies must be available, readily accessible, used, and disposed of correctly.

**LEVELS OF EFFORT:**

**Level 0:** Policies and procedures for barrier techniques and/or the required supplies to implement them are not available.

**Level 1:** The situations in which personal protective equipment and isolation techniques are to be used have been identified; policies and procedures developed and made known to staff.

**Level 2:** Barrier techniques are used for those identified situations, supplies are available and accessible, and the techniques are used correctly.

**Level 3:** There are data on the use of personal protective equipment and isolation techniques that contributes to the continuous improvement in correct use.

**STANDARD # 15 Proper disposal of sharps and needles**

**Sharps and needles are properly disposed of by staff throughout the organization.**

**RISK LINK:**

Sharps and needles pose a risk for infection and injury to staff and patients and their families. Proper disposal requires an organized, uniform process that guides staff and not at the discretion of the worker. The regular collection and disposal of collection containers is essential to overall safety in the workplace and proper disposal is essential for the health and safety of the community.

**LEVELS OF EFFORT:**

**Level 0:** A policy and procedure on the proper disposal of sharps and needles is not available.

**Level 1:** A policy and procedure provides guidance on proper disposal of sharps and needles, which is made known to staff.

**Level 2:** The disposal of sharps and needles is well organized and uniform, with disposable containers collected regularly and disposed of properly.

**Level 3:** There are data available on injuries and accidents related to sharps and needles; these data are then used to continually improve the program.

**STANDARD # 16 Proper storage and disposal of infectious medical waste**

**Staff properly store and dispose of all types of infectious medical waste safely and legally.**

**RISK LINK:**

Healthcare organizations generate great quantities of infectious medical waste every day. Because health care staff may not be aware of what waste is or could be infectious, all such waste must be stored and disposed of in a uniform and safe way that protects the health care worker and the community. Such waste includes body fluids, materials contaminated with body fluids, blood and blood product components, including waste from operating theaters, clinical laboratories, mortuaries or patient rooms.

**LEVELS OF EFFORT:**

**Level 0:** Policies and procedures that describe the proper storage and disposal of infectious medical waste are not available.

**Level 1:** Policies and procedures describe proper storage and disposal of medical waste.

**Level 2:** A uniform storage and disposal process is used that includes all types of infectious waste collection, storage, and proper disposal. Equipment and supplies necessary to manage medical waste are routinely available.

**Level 3:** The infectious medical waste storage and disposal process is part of the organization's infection prevention and control process and is regularly evaluated and improved when indicated.

**STANDARD # 17 Monitoring, reporting, and preventing the spread of communicable diseases**

**Communicable diseases are reported, monitored and measures are taken to prevent and control transmission.**

**RISK LINK:**

Communicable disease reporting is the cornerstone of public health surveillance and disease control. Prompt reporting gives the local health agency time to interrupt disease transmission, locate and treat exposed contacts, identify, and contain outbreaks, ensure effective treatment and follow-up of cases, and alert the health community. The information obtained through disease reporting is used to monitor disease trends over time, identify high risk groups, allocate resources, develop policy, design prevention programs, and support grant applications.

**LEVELS OF EFFORT:**

**Level 0:** Policies, procedures, and protocols for the monitoring, reporting, and preventing the spread of communicable diseases are not available and/or communicable diseases are not reported.

**Level 1:** Policies, procedures, and protocols are in place for the monitoring, reporting, and preventing the spread of communicable diseases.

**Level 2:** Monitoring, reporting, prevention and control policies, procedures and protocols are carried out.

**Level 3:** Communicable diseases are reported, and data are used to plan promotional and service delivery.

## **RISK AREA #4 – CLINICAL CARE OF PATIENTS**

The clinical care of patients includes medications, laboratory and diagnostic imaging services, surgery, anesthesia, and many types of treatments that place patients at risk. These risks may result in the mix-up of test results between patients, delays in diagnosis and treatment, wrong side or wrong patient surgical procedures, incorrect medications or doses, and many other harmful outcomes that for the most part are preventable. While health care providers intend to do the right thing, the lack of consistent systems and checks and balances in health care processes may mean that a minor incorrect act or decision may cause harm or even death to the patient.

Clinical care is usually fast paced; many decisions are often made in rapid succession. Physicians and others who are authorized to provide care without supervision may have incomplete information that leads to incorrect conclusions and treatment.

In the clinical care of patients, all the systems of care (for example, human resource management, information management, diagnostic imaging, clinical laboratory, and patient rights) and other systems come together. Planning, accurate and timely documentation, and sound patient assessment and re-assessment must come together completely and correctly. This is not an easy task in most organizations but an essential one that requires constant attention to risk, risk intervention, and risk reduction.

Reducing variation among how physicians and nurses care for patients and reducing differences in care from one day of the week to another and from one patient care unit to another, is a challenge. The standards in this Risk Area address the key strategies needed to get started in this effort.

## STANDARD #1 Correct patient identification

**Patients are identified correctly, using two patient identifiers, before administering medications, blood, or blood products, before taking blood and other specimens for clinical testing, and before performing procedures and treatments.**

### RISK LINK:

Clinical errors are frequently not reversible; thus, the risk of such errors must be reduced. Administering a medication to the wrong patient may have no consequences or may cause morbidity or mortality. Similarly, surgery on the wrong patient can result in loss of function, disability, or death. Thus, having a method to positively identify each patient at high-risk times is essential.

### LEVELS OF EFFORT:

**Level 0:** A policy and procedure that describes when and how patients are to be properly identified is not available.

**Level 1:** A policy and procedure describes when and how patients are to be properly identified, which includes two patient identifiers when providing care, treatment, or services.

**Level 2:** The identification process is fully implemented and followed.

**Level 3:** Monitoring data are used to continually improve the identification process.

## STANDARD #2 Informed consent

**Informed consent is obtained before surgery, anesthesia, use of blood and blood products, and other high-risk treatments and procedures.**

### RISK LINK:

Patients' active participation in their care process often reduces risk. One of the most important ways patients participate is through granting consent for treatments and procedures that pose risk to them. Patients remain at risk if they grant consent without understanding the risks, benefits, and alternatives to the proposed treatment or procedure.



**LEVELS OF EFFORT:**

**Level 0:** A policy and procedure that describes expectations for providing information to patients regarding their treatment and procedures, taking of photographs and granting informed consent is not available.

**Level 1:** A policy and procedure describes expectations for providing information to patients regarding their treatment and procedures, taking of photographs and granting informed consent.

**Level 2:** Informed consent is obtained before surgery, anesthesia, use of blood and blood products, and other high-risk treatments and procedures identified by the hospital.

**Level 3:** The consent process is evaluated and improved based on patient and staff data and on its effectiveness in supporting patient rights to participate in the care process.

**STANDARD #3 Medical, nursing, and allied health professional assessments and reassessment of patients complete and timely**

**There are documented medical, nursing, and allied health professional assessments and reassessment of all patients admitted for care and treatment in the organization.**

**RISK LINK:**

Patients are at risk if they are not promptly and appropriately assessed and their condition evaluation by the healthcare professionals responsible for their care when they are admitted to a hospital. The scope of the initial assessment must be appropriate to their needs and the assessment process must be as prompt on weekends and evenings as at other times.

Patients are at further risk if a deterioration in their condition is not detected and acted upon. Patient needs must be reassessed throughout the course of care, treatment, and services. Reassessment is key to understanding the patient's response to the care, treatment, and services provided and is essential in identifying whether care decisions are appropriate and effective.

**LEVELS OF EFFORT:**

**Level 0:** The content of medical assessments are not identified, standardized and/or timely.

**Level 1:** The content and timeframes for conducting medical assessments (including initial and reassessments) are defined and standardized for specific patient populations, for example, maternity, pediatric, mental health, emergency, and outpatients.

**Level 2:** Assessments and reassessment are standardized and timely to meet patient needs.

**Level 3:** The content and timeliness of assessments and reassessments are monitored to improve the process and meet patient needs.

#### **STANDARD #4 Pain assessment, reassessment, and appropriate management**

**Pain is assessed, reassessed, and appropriately managed.**

##### **RISK LINK:**

Whatever the origin of pain, unrelieved pain has adverse physical and psychological effects. Patients in pain have the right to appropriate assessment, reassessment, and management of pain.

##### **LEVELS OF EFFORT:**

**Level 0:** A policy, procedure, guidelines, and tools (including assessment or pain score cards) used by healthcare professional staff in assessing, reassessing, and managing pain are not available.

**Level 1:** The hospital has a policy, procedure, guidelines, and tools (including assessment or pain score cards) used by healthcare professional staff in assessing, reassessing, and managing pain.

**Level 2:** There is documentation in medical records by clinical staff of the assessment, reassessment, and management of pain.

**Level 3:** The patient pain management process is evaluated for effectiveness and improvements are made when required.

#### **STANDARD #5 Laboratory services available and reliable**

**Laboratory services are consistently available to meet patient needs that are provided by qualified individuals, using standardized ranges to report results in a reliable and timely manner.**

##### **RISK LINK:**

Patients are at risk for inappropriate or delayed treatment when clinical laboratory services are not available during certain times or are performed by individuals without appropriate qualifications. Patients are also at risk when results are not reported in a standardized format and in a timely manner. The result can be incorrect, missed, or delayed diagnosis and treatment.

##### **LEVELS OF EFFORT:**

**Level 0:** Clinical laboratory services are not consistently accurate and available to meet patient needs.

**Level 1:** Current laboratory policies, procedures and safety manual are available to staff.

**Level 2:** Clinical laboratory services are consistently available to meet patient needs, and results are reliably reported, including critical lab results, in a timely manner by qualified individuals in a standardized format using established ranges.

**Level 3:** Clinical laboratory quality control is performed for lab tests and oversight is provided for tests performed/collected outside the laboratory; data are used to improve accuracy of results.

#### **STANDARD #6 Diagnostic imaging services available, safe, and reliable**

**Diagnostic imaging services are consistently available to meet patient needs and are safely provided by qualified individuals, with reliable results reported in a timely manner.**

##### **RISK LINK:**

Patients are at risk when their assessment requires diagnostic imaging services and the services are not available within or outside the organization, or are not provided safely (for example, lead aprons used) or if the services are not conducted and reported by qualified individuals and in a timely manner. The result can be incorrect, missed, or delayed diagnosis and treatment.

**LEVELS OF EFFORT:**

**Level 0:** Diagnostic imaging policies and procedures and safety manual are not available.

**Level 1:** Current radiology policies, procedures and safety manual are available.

**Level 2:** Diagnostic imaging services are consistently available to meet patient needs, the radiation safety program meets all legal requirements, and the tests are conducted and reported by qualified individuals in a timely manner.

**Level 3:** Diagnostic imaging quality control is performed for imaging tests and oversight is provided for tests performed outside the radiology department; data are used to improve accuracy of results.

**STANDARD #7 Written plans for care**

**The care planned and provided for the patient is written in the patient's record. Whenever patients are reassessed, care plans are updated as needed.**

**RISK LINK:**

Patients are at risk for less-than-optimal outcomes if their care is not planned or if the planned care is provided but not written in the patient's record to ensure communication of essential information among care providers. Effective communication of patient information depends on complete and accurate record entries that are timely and available to all the patient's care providers.

**LEVELS OF EFFORT:**

**Level 0:** A policy and procedure to provide guidance on documentation for care planning and provision is not available.

**Level 1:** A policy and procedure is written to provide guidance on documentation for care planning and provision.

**Level 2:** Planning patient care is collaborative (for example, physicians, nurses, and allied healthcare professionals) with written care plans, including discharge planning, that are relevant to the patient's current condition.

**Level 3:** Care plans are revised, when necessary, in response to the findings of reassessments.

## **STANDARD #8 Clinical protocols available and used**

**There is a process to identify the clinical practice guidelines (CPGs) that relate to the priority patient populations and clinical services and to develop protocols based on the guideline recommendations and make them available to health care providers.**

### **RISK LINK:**

Reducing variation in practice reduces risk. Clinical practice guidelines provide recommendations based on research that can be adopted to develop protocols that guide daily management of patient care, thereby reducing the variation among care providers.

### **LEVELS OF EFFORT:**

**Level 0:** There is no process to identify relevant clinical practice guidelines and/or no protocols have been developed.

**Level 1:** Clinical protocols are adopted for the most common diagnoses/conditions and procedures to guide clinical practice.

**Level 2:** Treatment guidelines and protocols are used to guide the management of priority patients and procedures.

**Level 3:** Compliance by individual healthcare providers (nurses, physicians, or others) is monitored.

## **STANDARD #9 Protocols for managing high-risk patients and procedures**

**The organization identifies high-risk clinical procedures and patients and develops protocols to guide the care of these patients or those undergoing clinical procedures.**

### **RISK LINK:**

Many patients are high risk (for example, newborns and infants below 2 months, elderly patients, and immune-compromised patients) and many procedures can be high risk. Risk is reduced when protocols guide consistent care in these situations and staff follows them.

**LEVELS OF EFFORT:**

**Level 0:** High-risk patients and procedures are not identified, although some protocols may exist regarding certain types of patients.

**Level 1:** There is a list of types of patients and clinical procedures provided by the hospital that are considered high risk and protocols have been developed based on current evidence.

**Level 2:** Relevant staff has implemented protocols to guide care for all patients and procedures on the list, and staff are educated on the protocols.

**Level 3:** Use of the protocols is monitored and the data is used to enhance staff training and improve use.

**STANDARD #10 Comprehensive management of reproductive and maternal health care**

**Interventions and strategies for improving reproductive and maternal health and survival are provided through the use of current evidence-based clinical practices.**

**RISK LINK:**

Maternal mortality remains a leading cause of death for women of reproductive age in developing countries. The majority of maternal deaths occur during or immediately after childbirth. The common medical causes for maternal death include bleeding, high blood pressure, prolonged and obstructed labor, infections, and unsafe abortions. The majority of maternal deaths could be prevented with timely and appropriate emergency obstetric care. A well-functioning health system can ensure the equitable and efficient delivery of safe motherhood information and services.

**LEVELS OF EFFORT:**

**Level 0:** Current evidence-based guidelines for reproductive and maternal health are not available.

**Level 1:** A register of pregnant women and family planning clients is kept. Essential guidelines for reproductive and maternal health<sup>2</sup> are adopted or adapted according to current evidence.

**Level 2:** Protocols are implemented and essential equipment and supplies to meet patient needs for reproductive (including family planning) and maternal health are available.

**Level 3:** Monitoring data include measurement of implementation and outcomes of priority protocols and adequacy of medication, supplies and equipment.

<sup>2</sup>The Partnership for Maternal, Newborn and Child Health. 2011. *A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health (Rmnch)*. Geneva, Switzerland: PMNCH.

## **STANDARD #11 Comprehensive management of newborn care**

**Interventions and strategies for improving newborn care and survival are provided through the use of current evidence-based clinical practices.**

### **RISK LINK:**

Poor newborn care remains a significant problem in developing countries. Globally, the main causes of neonatal death are preterm birth, severe infections, and asphyxia.

### **LEVELS OF EFFORT:**

**Level 0:** Protocols for newborn care are not available.

**Level 1:** Newborns are assessed immediately after birth and taken care of according to the current national neonatal protocols.

**Level 2:** Relevant staff are aware of the MOH newborn care protocols. Essential medications, supplies and equipment for detection and management of sick newborns are readily available and in sufficient quantities at neonatal and maternity services.

**Level 3:** Midwives or nurses in labor and childbirth service receive in-service training regularly regarding routine newborn care and handling of emergency newborns.

## **STANDARD #12 Comprehensive management of child and adolescent health care**

**Interventions and strategies for improving child and adolescent health and survival are provided through the use of current evidence-based clinical practices.**

### **RISK LINK:**

Poor child health remains a significant problem in developing countries. Integrated Management of Childhood Illness (IMCI) aims to reduce child mortality and morbidity and promote children's healthy growth and development in children under 5 years of age. Case fatality rates can be substantially reduced in hospitals that have introduced guidelines, accompanied by training, and quality improvement measures.

Despite being thought of as a healthy stage of life, there is significant death, illness, and injury in the adolescent years. Much of this is preventable or treatable. During this phase, adolescents establish patterns of behavior – for instance, related to diet, physical activity, substance use, and sexual activity – that can protect their health and the health of others around them, or put their health at risk now and in the future.

**LEVELS OF EFFORT:**

**Level 0:** Protocols for child and adolescent health are not available.

**Level 1:** Protocols for child and adolescent health are adopted or adapted according to current evidence.

**Level 2:** The protocols are implemented and essential medications, supplies and equipment to meet patient needs for child health care are available.

**Level 3:** Monitoring data include measurement of implementation and outcomes of priority protocols and adequacy of supplies.

**STANDARD #13 Access to safe and adequate nutrition to hospitalized children**

**The nutritional needs of hospitalized children are assessed and provided through the use of current evidence-based clinical practices.**

**RISK LINK:**

Providing high-quality nutritional care and interventions for hospitalized children is critical for recovery from surgery, illness, or prolonged hospitalization.

**LEVELS OF EFFORT:**

**Level 0:** Nutrition policies and guidelines and/or dedicated staff (or nutrition specialist) responsible for preparing children's menus are not available.

**Level 1:** Nutrition policies and guidelines are available for children to meet their needs including special needs consistent with dietary requirements. A dedicated staff (or nutrition specialist) is responsible for preparing children's menus.

**Level 2:** The hospital has an adequately equipped, designated kitchen (area or room) with facilities for food preparation.

**Level 3:** The hospital provides regular, safe, nutritious, appetizing, high-quality meals of sufficient variety to meet the needs of pediatric patients (where possible). A monitoring mechanism is in place to ensure appropriate dietary requirements are met by parents or caregivers to the sick children who are hospitalized.



#### **STANDARD #14 Comprehensive management of HIV prevention and care**

**Interventions and strategies for preventing the spread of HIV and caring for people with HIV/AIDS are provided through the use of current evidence-based clinical practices.**

##### **RISK LINK:**

Failure to provide adequate HIV services for key groups (for example, those having unprotected sex, drug addiction and victims of sexual assault) threatens global progress on the HIV response. Treatment by itself will not solve the global HIV epidemic. Controlling and ultimately ending the epidemic requires a combination of scientifically proven HIV prevention approaches. Providing treatment to people living with HIV infection to improve their health must always be the first priority. Getting an HIV test is the first step to identifying persons with HIV infection and the pivotal entry point into the medical care system for both treatment and prevention.

By lowering the level of virus in the body, early treatment helps people with HIV live longer, healthier lives and also lowers their chances of transmitting HIV to others.

##### **LEVELS OF EFFORT:**

**Level 0:** A comprehensive HIV prevention and care program has not been established.

**Level 1:** A comprehensive HIV prevention and care program is established.

**Level 2:** The protocols are implemented and essential medications, supplies and equipment to meet patient needs for comprehensive HIV prevention and care are available.

**Level 3:** Monitoring data for adherence to HIV treatment protocols, outcomes and the availability of medications, equipment and supplies is evaluated.

#### **STANDARD #15 Comprehensive management of tuberculosis prevention and care**

**Interventions and strategies for preventing the spread of tuberculosis and caring for people with tuberculosis are provided through the use of current evidence-based clinical practices.**

##### **RISK LINK:**

TB remains an important cause of death from an infectious agent, second only to HIV. The importance among infectious diseases is not so much the number of cases but the high case fatality rate of untreated or improperly treated patients. TB can be controlled by preventing infection, by stopping progression from infection to active disease and by treating active disease.

#### **LEVELS OF EFFORT:**

**Level 0:** A comprehensive tuberculosis prevention and care program has not been established.

**Level 1:** Comprehensive tuberculosis prevention and treatment is available including a specialized unit, necessary laboratory services and treatment guidelines.<sup>4,5</sup>

**Level 2:** The policies, procedures and protocols are implemented and essential supplies to meet patient needs for comprehensive TB prevention and care are available.

**Level 3:** Monitoring data for adherence to TB treatment protocols, outcomes and the availability of medications, equipment and supplies is evaluated.

<sup>4</sup>WHO. Guidelines for the Programmatic Management of Drug-Resistant Tuberculosis 2011 Update. Available at: [http://whqlibdoc.who.int/publications/2011/9789241501583\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241501583_eng.pdf)

<sup>5</sup>CDC. Plan to Combat Extensively Drug-Resistant Tuberculosis Recommendations of the Federal Tuberculosis Taskforce 2009 Available at: [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5803a1.htm?s\\_cid=rr5803a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5803a1.htm?s_cid=rr5803a1_e)

### **STANDARD #16 Anesthesia and procedural sedation used appropriately**

**Anesthesia and procedural sedation services are based on a pre-anesthesia/procedural sedation assessment of the patient by a qualified provider and include the physiological monitoring of the patient during anesthesia/procedural sedation and recovery.**

#### **RISK LINK:**

The selection of the appropriate (lowest risk) anesthesia/procedural sedation is based on the patient's medical history and physical examination, the medications used by the patient, and other health issues or co-morbidities. Risk is further lowered by appropriately monitoring the patient during anesthesia/procedural sedation and anesthesia/procedural sedation recovery. All of these risk-reduction activities are overseen or performed by an individual(s) who is qualified as an anesthesiologist or anesthetist.

**LEVELS OF EFFORT:**

**Level 0:** Current policies, procedures and protocols for providing anesthesia and procedural sedation are not available.

**Level 1:** Policies and procedures guide the pre-anesthesia and pre-procedural sedation processes and the monitoring of the patient during the administration of general, regional, and local anesthesia and procedural sedation as well as during recovery.

**Level 2:** The policies, procedures, or protocols are consistently used for general, regional, and local anesthesia and procedural sedation as applicable.

**Level 3:** Data are collected on complications and incidents of anesthesia and procedural sedation, and the data are used to improve practices.

**STANDARD # 17 Surgical services appropriate to patient needs**

**Surgical services are planned based on the assessment of the patient and a pre-operative diagnosis is recorded.**

**RISK LINK:**

Surgery patients are at risk if the intended surgical procedure is not based on the patient's assessment data, when the patient is inadequately monitored during the procedure, and when post-surgical planning is absent or weak.

**LEVELS OF EFFORT:**

**Level 0:** Policies, procedures, or protocols for pre-operative patient assessments, monitoring patients during surgery, and the content of the surgical report are not available.

**Level 1:** Policies, procedures, or protocols are available for pre-operative patient assessments, monitoring patients during surgery, and the content of the surgical report.

**Level 2:** The policies and procedures or protocols are consistently used for all types of surgical procedures and operative equipment is available and functioning.

**Level 3:** Data are collected on surgical complications and incidents, and the data are used to improve surgery safety.

## **STANDARD #18 Comprehensive management of emergency triage**

**An effective emergency triage process is consistently used to determine patient priority for treatment.**

### **RISK LINK:**

Initial triage and treatment constitute one of the weakest links in the system. In many hospitals patients are not managed properly or have to wait a long time before being treated; as a result, their medical condition deteriorates dramatically even when they succeeded to reach the hospital in a reasonable time.

### **LEVELS OF EFFORT:**

**Level 0:** Triage policies and procedures are not available.

**Level 1:** Triage processes are described in policies and procedures.

**Level 2:** Staff has been trained on use of the triage processes. The triage processes are implemented and documented within the medical record consistently and essential equipment and supplies for conducting triage are available.

**Level 3:** Data are collected on the effectiveness of the triage processes.

## **STANDARD #19 Essential emergency medications, equipment, and supplies**

**Emergency personnel, medications, equipment, and supplies are available that match the patients' needs.**

### **RISK LINK:**

When emergency medications, equipment and supplies are not available or serviceable, the practitioners will not have the resources needed to effectively treat the patient. However, the patient is also put at risk when hospitals are equipped with emergency medications, equipment and supplies that are beyond the limit of the care setting. The space allocated for providing emergency care can affect rapid treatment.

**LEVELS OF EFFORT:**

**Level 0:** A list of essential emergency medications, equipment and supplies has not been developed.

**Level 1:** A list of essential emergency medications, equipment and supplies is developed based on the level of care and resuscitation provided by the hospital and populations served.

**Level 2:** The appropriate essential medications, equipment and supplies are available and well organized; equipment is in good working order and medications are within expiry date.

**Level 3:** The essential medications, equipment, and supplies, are monitored for availability and functioning.

**STANDARD #20 Ambulance services equipped**

**Ambulance services, which are well equipped and manned by qualified staff, are available to transport emergency patients.**

**RISK LINK:**

Lack of transportation is often a major barrier to accessing emergency care. In developing countries where ambulances are available, often the ambulance crew is composed of drivers without skills in the basic management of emergency patients. Even when professional staff attends the patient, they may not have emergency management skills. The lack of resuscitation equipment and essential drugs as well as compromised mechanical integrity of the vehicle can place a patient at risk. As a result, many patients' condition dramatically deteriorates during the transfer.

**LEVELS OF EFFORT:**

**Level 0:** Policies and procedures that guide ambulance service delivery are not available.

**Level 1:** Policies and procedures guide ambulance service delivery.

**Level 2:** A check list is used to ensure that the contents of the ambulance are present, clean, functioning and within expiry date; staff operating within the ambulance are qualified.

**Level 3:** The maintenance of the ambulance and effectiveness of the services is monitored.

## **STANDARD #21 Safe Medication use**

**Medication use complies with applicable law and regulation and is overseen by an individual who is qualified by licensure, training, and experience.**

### **RISK LINK:**

Medication use is a complex system of processes (selection, storage, prescribing, dispensing, administration, and patient monitoring) that has many risk points. There must be a qualified individual familiar with and responsible for all parts of the medication use system. There also needs to be check points to ensure that the right medication, in the right dose, reaches the right patient at the right time. Policies and procedures are implemented for safe storage and handling of medications.

### **LEVELS OF EFFORT:**

**Level 0:** Medication use does not comply with national laws and regulations.

**Level 1:** Medication use complies with national laws and regulations, for example, narcotics management, and is overseen by qualified individuals.

**Level 2:** The medication use policies and procedures are followed.

**Level 3:** Monitoring data include adverse events, medication errors, near misses and stock control (for example, insufficient/missing stock, expired medications, etc.) are used to continually improve medication use.

## **STANDARD #22 Patients educated to participate in their care**

**Patients and their families receive education that they can understand to support their participation in their care (for example, regarding their diagnosis and treatment) during their hospitalization and after discharge.**

**RISK LINK:**

Patients are at risk for readmission, poor outcomes, and complications if they and their families are not educated about home management at discharge. Also, the education needs to include reasons to return for emergency or routine follow-up care.

**LEVELS OF EFFORT:**

**Level 0:** Policies and procedures that describe the importance of patient education and the types of education to be given to all patients are not available.

**Level 1:** Policies and procedures describe the importance of patient education and the types of education that is given to all patients.

**Level 2:** Individualized patient education relevant to their condition is consistently provided and documented including medications, home management and follow-up care.

**Level 3:** There is a process to evaluate the degree to which patients understood the education.

**STANDARD #23 Communication among those caring for the patient**

**Essential patient information is communicated among those caring for the patient through information exchange between shifts of care providers, when a patient is transferred to another unit within the hospital and when contacting a physician regarding a patient's condition.**

**RISK LINK:**

Ineffective communication is the most frequently cited category of root causes of sentinel events. Patients often move between areas of diagnosis, treatment, and care on a regular basis and may encounter three shifts of staff each day - introducing a safety risk to the patient at each interval. The hand-over communication between units and between and amongst care teams might not include all the essential information, or information may be misunderstood. These gaps in communication can cause serious breakdowns in the continuity of care, inappropriate treatment, and potential harm to the patient. Effective communication, which is clear, timely, accurate, complete, and understood by the recipient, reduces error and results in improved patient safety.

**LEVELS OF EFFORT:**

**Level 0:** A current policy and procedure that describes a standardized approach to providing information between caregivers and supports patient-centered care is not available.

**Level 1:** A current policy and procedure is in place that describes a standardized approach to providing information between caregivers that supports patient-centered care.

**Level 2:** A standardized approach to hand-over communication is used between staff, change of shift and between different patient care units in the course of a patient transfer.

**Level 3:** There is a process to assess the effectiveness of hand-over communications.

**STANDARD #24 Referral/transfer information communicated**

**Health practitioners ensure timely, justifiable referrals and that patients are referred to the appropriate health specialist and facility with sufficient patient information to provide effective continuity of care.**

**RISK LINK:**

When patients are transferred to another facility, information about their condition, care and treatment is needed by the receiving medical team to provide ongoing care. When this information is not provided, the patient is at risk of misdiagnosis or treatment.

**LEVELS OF EFFORT:**

**Level 0:** A policy and procedure for transfer and referral of patients is not available.

**Level 1:** A policy and procedure is in place for transfer and referral of patients.

**Level 2:** Referrals/transfers are timely and justifiable. The patient is referred to the appropriate healthcare specialist and facility to ensure continuity of care. Patients are transferred safely using the type of transportation and monitoring required.

**Level 3:** Data on referrals/transfers are collected and used to continuously improve patient care and strengthen the referral system.



## STANDARD #25 Complete and thorough clinical documentation

**Essential patient information is communicated among those caring for the patient through the use of standardized patient records. Periodic review of patient records contributes to improved completeness, legibility, and accuracy.**

### **RISK LINK:**

Many patient safety incidents occur when essential information is not recorded, recorded incorrectly or is not available. The key to reducing these risks is to have a standardized patient record available to all those providing care to the patient. This includes standardized entries, such as for medication dosages and for the use of abbreviations, signs, or symbols. When verbal or telephone orders are given, there is a risk of misunderstanding the order and thereby, providing incorrect treatment. This applies to both paper-based and electronic patient records.

### **LEVELS OF EFFORT:**

**Level 0:** A current policy and procedure that describes clinical documentation and patient record audit expectations is not available.

**Level 1:** A current policy and procedure is in place that describes clinical documentation and patient record audit expectations.

**Level 2:** The patient record is available to all those caring for a patient and the content is standardized and completed according to the policy and procedure.

**Level 3:** There is a process to review documentation quarterly, and this information is used to improve documentation in patient records.

## RISK AREA #5 – IMPROVEMENT OF QUALITY AND SAFETY

Health care organizations, and their patients, remain at risk from poor quality and unsafe practices if organizations do not learn from their good and bad experiences and take actions to continually improve. Data are at the core of this learning. Organizations need to understand and value data collection and analysis in process improvement. Organizations must gain experience in setting improvement priorities, collecting data, displaying data for better analysis, and finally, planning and implementing improvement strategies. When leaders are committed to quality improvement and value the data that form the basis of evidence-based learning, the organization's culture is focused on quality and safety. This helps create a non-punitive environment and encourages an incident-reporting system. It embraces teamwork on all levels and includes patients as important members of their treatment teams and quality efforts.

### STANDARD #1 Quality and safety program

**A quality and safety program provides the structure for carrying out systematic activities to improve quality and patient safety.**

#### RISK LINK:

Continuous improvement and constant concern over reducing the risks to patients and staff members identify hospitals that are committed to the welfare of their patients. To improve quality and reduce risks, the hospital must constantly evaluate (measure) its performance and use that information to identify ways in which it can improve. This self-evaluation must be planned and ongoing and should focus on systems and processes, not solely on individual performance.

#### LEVELS OF EFFORT:

**Level 0:** Quality and safety activities are not systematically organized or carried out.

**Level 1:** The roles and functions of the appointed quality Improvement Officer are described in a job description and a quality and patient safety plan with terms of reference for the quality committee is written and guides the quality and patient safety program.

**Level 2:** A quality Improvement Officer is coordinating the quality and patient safety activities. The quality plan has been implemented and progress toward meeting goals/objectives is tracked through the quality and patient safety committee.

**Level 3:** The quality and patient safety plan is evaluated annually, and new goals/objectives and indicators set for the upcoming year.

## **STANDARD #2 Effective customer care program**

**Customer care is identified as a priority with well-defined workplace expectations and performance guidelines for customer service.**

### **RISK LINK:**

One of the simplest, least complicated, yet often overlooked aspects of delivering health care is practicing good customer service skills. Patient satisfaction surveys repeatedly show that health care worker attitudes, manners and amenities encountered during patients' experiences at healthcare facilities weigh with similar importance to treatment processes. Providers and administrators are learning how good service, not just good outcomes, relates to patient satisfaction.

### **LEVELS OF EFFORT:**

**Level 0:** There is no customer care program, or it is not well administered.

**Level 1:** There is an effective customer care program.

**Level 2:** The patient and family are treated with respect and dignity and individual needs are met.

**Level 3:** The effectiveness of the customer care program is monitored, and actions taken to make improvements.

## **STANDARD #3 Patient satisfaction monitored**

**There is a process to monitor the patient satisfaction with the care process, the care environment, and the organization's staff.**

### **RISK LINK:**

Patient satisfaction with the care process, the care environment, and the staff involved in their care is important information that will help identify quality and patient safety issues. This information is useful in identifying priorities for improvement and for understanding if improvements increase patient satisfaction.

**LEVELS OF EFFORT:**

**Level 0:** There is no systematic process for collecting patient satisfaction information.

**Level 1:** There is a policy, procedure, and a tool to monitor patient satisfaction.

**Level 2:** Patient satisfaction is monitored, and the data analyzed according to the policy and procedure.

**Level 3:** Trends in patient satisfaction are used to set priorities for improvement or for further evaluation.

**STANDARD #4 Complaint, compliment, and suggestion process**

**There is a process to receive and act on complaints, compliments and suggestions from patients, families, and others.**

**RISK LINK:**

A complaint is often the first indication that a process has failed and that other patients may be at risk for the same or a similar event. Thus, complaints and suggestions are received through an established process so they can be tracked, and actions taken.

A compliment is any expression of praise, commendation or admiration given by any person on health services being rendered and care being provided. The importance of analyzing compliments cannot be understated. Not only do they identify the healthcare practices that are desired and valued by the patient population but by acknowledging, rewarding, and promoting these practices, compliments can contribute to improving healthcare services through promoting these behaviors.

**LEVELS OF EFFORT:**

**Level 0:** There is no organized complaint, compliment, and suggestion process.

**Level 1:** There is a policy and procedure for receiving complaints, compliments, and suggestions.

**Level 2:** An effective process for reviewing and resolving complaints, compliments and suggestions is operational. Feedback is given to affected individuals regarding the process for managing complaints within the specified timeframes.

**Level 3:** Complaints and suggestions are categorized by type and tracked. This information is used to prioritize patient issues and implement solutions. The results of the solutions are monitored for effectiveness.

## **STANDARD #5 Clinical outcomes are monitored**

**The hospital monitors the outcomes of care for patients with the most prevalent diagnoses and the outcomes of the most common operations and acts to improve them over time.**

### **RISK LINK:**

The purposes of caring for patients are to mitigate disease, eliminate or palliate symptoms, and to prolong high-quality life. The outcome of any one single episode of care does not reliably indicate to what extent the hospital is meeting its goals in these areas, nor does it tell how clinical performance compares to prior performance, that of similar organizations, or published benchmarks. The risk is that in the absence of monitoring clinical outcomes, less-than-optimal outcomes will be accepted, and patient risk will not be reduced over time.

### **LEVELS OF EFFORT:**

**Level 0:** Leaders have not identified and/or defined priority clinical indicators.

**Level 1:** Leadership identifies and defines priority clinical outcome indicators.

**Level 2:** Outcome data are compared to those of previous time periods and published benchmarks (if they exist) and to those of similar organizations (when data is available). Data is used by the facility staff to make improvements in care.

**Level 3:** The hospital systematically and proactively seeks outcome data from similar organizations and published benchmarks and compares its own performance.

#### **STANDARD #6 Incident, near miss and sentinel event reporting system**

**There is a system for reporting and analyzing incidents, near misses and sentinel events that is fair and non-punitive, based on a clear definition of what is to be reported.**

##### **RISK LINK:**

The frequency, magnitude, and impact/potential impact of incidents, near misses and sentinel events can only be known if data are collected and analyzed. Frequently, the review of data convinces organizations that risk is indeed present and of significant magnitude and impact/potential impact so that action must be taken to understand and reduce the risk. A difficult challenge is to develop a reporting process that is free of punitive overtones and/or actions and encourages reporting.

##### **LEVELS OF EFFORT:**

**Level 0:** A policy and procedure for the reporting of incidents and near misses and sentinel events is not available.

**Level 1:** Leaders are committed to an incident, near miss and sentinel event reporting process. There is a policy and procedure for the reporting process that clearly defines the incidents, near misses and sentinel events to be reported.

**Level 2:** The incident, near miss and sentinel event reporting process is implemented, and data are collected.

**Level 3:** The data are analyzed and used to educate staff and to improve processes to avoid similar incidents from occurring.

#### **STANDARD #7 Staff demonstrate how to improve quality and patient safety**

**Staff is educated on the principles of quality improvement and patient safety appropriate to their participation in quality improvement activities.**

##### **RISK LINK:**

When staff is aware of quality and patient safety issues but does not have the knowledge or tools to improve, the risks will remain and potentially multiply. It is important that when an opportunity or a priority for improvement is established, the staff involved in the improvement process receive basic training in quality improvement.

**LEVELS OF EFFORT:**

**Level 0:** A staff training plan for quality improvement and patient safety has not been established.

**Level 1:** There are written priorities for staff quality and patient safety training.

**Level 2:** There is an organized training program for staff who participates in quality improvement and patient safety activities. Department QI teams are carrying out systematic quality improvement activities based on the PDSA model.

**Level 3:** The impact and effectiveness of the training program are documented and used to improve program content and scope over time.

**STANDARD #8 Communicating quality and patient safety information to staff**

**Staff is aware of the organization's quality and patient safety activities through periodic reports, newsletters, posters, or other means.**

**RISK LINK:**

An organization's quality and patient safety efforts are at risk if its staff believes the program is one or two events and not an ongoing activity or if program activities are perceived as not related to their jobs but carried out by others. Regular communication of quality and patient safety information will keep the program visible and more relevant to the work activities of all staff.

**LEVELS OF EFFORT:**

**Level 0:** The quality and patient safety plan does not describe how quality and safety information is communicated to staff.

**Level 1:** The means of communicating quality and patient safety information to staff is described in the quality plan.

**Level 2:** Quality and patient safety information are regularly communicated to staff.

**Level 3:** Staff use of quality and patient safety information is evaluated to improve the effectiveness of the communication effort.

## STANDARD #9 Staff satisfaction monitored

**There is a process to monitor staff satisfaction with the care process, the environment of care, and the education and technical support available to them to support their patient care or other responsibilities.**

### **RISK LINK:**

Knowing staff satisfaction with the care process, care environment, education, and technical support will help identify quality and patient safety issues. This information is useful in identifying priorities for improvement and for understanding if improvements already made contribute to staff satisfaction. Satisfied staff members are more likely to provide safe and caring services to patients.

### **LEVELS OF EFFORT:**

**Level 0:** A policy, procedure, and tool to monitor staff satisfaction is not available.

**Level 1:** There is a policy, procedure, and tool to monitor staff satisfaction.

**Level 2:** Staff satisfaction is monitored according to the policy and procedure, and the data analyzed and reported to staff. An improvement plan is developed and implemented.

**Level 3:** Trends in staff satisfaction are used to set priorities for improvement or for further evaluation.



## GLOSSARY

Term	Definition
<b>Adverse Event</b>	An injury related to medical management, in contrast to complications of disease. Medical management includes all aspects of care, including diagnosis and treatment, failure to diagnose or treat, and the systems and equipment used to deliver care.
<b>Algorithm</b>	Algorithms are written in the format of a flowchart or decision tree. This format provides a quick visual reference for responding to a situation. For instance, algorithms are effective in emergency departments and critical care units. When staff is faced with an emergency, such as a patient hemorrhaging, they can treat the patient rapidly by following the algorithm.
<b>Clinical Practice Guideline</b>	A systematically developed set of recommendations that are written to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. Their purpose is to influence physicians to practice according to current evidence.
<b>Clinical Privileges</b>	A process to ensure that the medical and surgical care in the facility is provided by practitioners who possess the current qualifications (for example, license, certification) and demonstrated competency for each category of practice
<b>Competency</b>	Competence is defined in the context of particular knowledge, skills, abilities and attitudes.
<b>Contracted services</b>	Services provided through a written agreement with another organization, agency, or individual. The agreement specifies the services or personnel to be provided on behalf of the applicant organization and the fees to provide these services or personnel.
<b>Credentials</b>	Evidence of competence, current and relevant licensure, education, training, and experience. Other criteria may be added by a health care organization.
<b>Credentialing</b>	The process of obtaining, verifying, and assessing the qualifications of a health care practitioner to provide patient care services in or for a health care organization. The process of periodically checking staff qualifications is called “re-credentialing.”
<b>Critical Standards</b>	Critical standards are those standards that are required by national laws and regulations or, if not met, may cause death or serious harm to patients, visitors, or staff.

<b>Core Standards</b>	Core standards are the standards addressing systems, processes, policies and procedures that are important for patient care or providing quality services.
<b>Effectiveness</b>	The degree to which a services, interventions or actions are provided in accordance with current best practice in order to meet goals and achieve optimal results
<b>Efficiency</b>	The degree to which resources are brought together to achieve desired results most cost effectively, with minimal waste, re-work and effort.
<b>“Essentials”</b>	Risk areas identified by Joint Commission International on which to focus initial quality and safety improvement efforts
<b>Hazard</b>	Any threat to safety, for example, unsafe practices, conduct, equipment, labels, names.
<b>Hazardous materials</b>	Hazardous materials are chemical substances which, if released or misused, can pose a threat to the environment, life, or health. Industry, agriculture, medicine, research, and consumer goods use these chemicals. Hazardous materials come in the form of explosives, flammable and combustible substances, poisons, and radioactive materials.
<b>Healthcare-associated infections</b>	Infection originating in a health care facility
<b>High risk</b>	An uncertain event or condition, that if it occurs, potentially results in harm or death.
<b>Identifiers</b>	Names or labels associated to a person. The use of two patient identifiers improves the reliability of the patient identification process. Examples of acceptable patient identifiers include name, assigned identification number, telephone number, date of birth, social security number, or address.
<b>Incident</b>	Any deviation from usual medical care that causes an injury to the patient or poses a risk of harm, which includes errors, preventable adverse events, and hazards.
<b>Leaders</b>	In Rwandan hospitals, the use of this term refers to the Hospital Director General, Director of Medical and Allied Health Professionals, Director of Nursing and Midwifery, Hospital Director of Administration and Finance, Human Resources Officer

<b>Leadership</b>	In Rwandan hospitals, the use of this term refers to the leaders and managers.
<b>Managers</b>	In Rwandan hospitals, the use of this term refers to department heads and midwives/nurse in-charges
<b>Majority</b>	In this assessment tool, a simple majority is anything greater than 80%.
<b>Nutritional care</b>	Interventions and counseling to promote appropriate nutrition intake. This activity is based on nutrition assessment and information about food, other sources of nutrients, and meal preparation. It considers the patient's cultural background and socioeconomic status.
<b>Patient safety</b>	Prevention of errors and adverse effects to patients associated with health care.
<b>Plan of care</b>	A detailed method, formulated beforehand, that identifies needs, lists strategies to meet those needs, and sets goals and objectives. The format of the plan may include narratives, policies and procedures, protocols, treatment guidelines, clinical paths (or care maps), or a combination of these.
<b>Policy</b>	A policy is a principle or rule to guide decisions and achieve rational outcomes. A policy is a statement of intent, and is implemented as a procedure.
<b>Procedures</b>	Procedures are step-by-step instructions on how to perform a technical skill. This format often involves the use of equipment, medication, or treatment.
<b>Protocol</b>	Care management plans that set out specifically what should be done, when and by whom in providing patient care. They are developed based on recommendations outlined in clinical practice guidelines.
<b>Qualifications</b>	The education, training, experience, competence, registration, certification or applicable license, law or regulation of a healthcare worker.

<b>Sentinel events</b>	A sentinel event is an unanticipated occurrence involving death or major permanent loss of function unrelated to the natural course of the patient's illness or underlying condition.
<b>Standards</b>	A statement of expected quality, which can be presented in various formats (policies, procedures, protocols, standing orders, standard operating procedures, etc.)
<b>Triage</b>	A process of sorting patients in a healthcare facility to determine their priority for treatment.
<b>Maternal near- miss</b>	When a woman nearly dies but survives a complication during pregnancy, childbirth or within 42 days of termination of pregnancy