



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 15. Psychiatric Care

These forms are designed to be used by both hospital personnel and external surveyors. The following information must be provided after each survey, before submitting the completed survey forms.

**1. NAME OF HOSPITAL/CLINIC/FACILITY:** \_\_\_\_\_

**2. BASELINE/INTERNAL SURVEY INFORMATION:**

Title and name of person who completed this document: \_\_\_\_\_

Post and position held: \_\_\_\_\_

Date of survey: \_\_\_\_\_

**3. EXTERNAL SURVEY INFORMATION:**

Name of external surveyor: \_\_\_\_\_

Date of external survey: \_\_\_\_\_

**GUIDE TO COMPLETION OF FORM**

**N.B. Hospital staff are please to use BLACK ink at all times. The external surveyors are requested to use RED ink at all times.**

Please circle the rated compliance with the criterion, e.g. NA (Not applicable), NC (Non-compliant), PC (Partially compliant), C (Compliant).

The default category affected is designated on the form for each criterion as follows:

1. patient and staff safety
2. legality
3. patient care
4. efficiency
5. structure
6. basic management
7. basic process
8. evaluation

The seriousness of the default is designated on the form for each criterion as follows:

1. mild
2. moderate
3. serious
4. very serious

<b><u>Documents Checked</u></b>
Surveyor: .....
Surveyor: .....



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 15. Psychiatric Care

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# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 15. Psychiatric Care

### 15.1 Coordination of Patient Care

#### 15.1.1 Standard

*During all phases of care, there are qualified individuals responsible for the patient's care.*

**Standard Intent:** The individuals who bear overall responsibility for the patient's care or for a particular phase of care are identified in the patient's record or in a manner that is made known to the personnel.

		Criterion	Comments
			Recommendations
<b>Criterion 15.1.1.1</b>	Critical: '' Catg: Basic Management + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	The individuals responsible for the patient's care are designated.	
<b>Criterion 15.1.1.2</b>	Critical: '' Catg: Basic Management + Legality <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	The individuals responsible for the patient's care are qualified.	
<b>Criterion 15.1.1.3</b>	Critical: '' Catg: Basic Management + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	The individuals responsible for the patient's care are identified and made known to the patient and other personnel.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 15. Psychiatric Care

### 15.1.2 Standard

*The delivery of services is integrated and coordinated amongst care providers.*

**Standard Intent:** The coordination of patient care depends on the exchange of information between the members of the multidisciplinary/interdisciplinary team. This can be through verbal, written or electronic means as determined by organisational policies. The policies should indicate the appropriate means of communication. Clinical leaders should use techniques to better integrate and coordinate care for their patients (for example, team-delivered care, multi-departmental patient care rounds, combined care planning forums, integrated patient records, case managers). The process for working together will be simple and informal when the patient's needs are not complex.

The patient, family and others are included in the decision process when appropriate.

The patient's record contains a history of all care provided by the multidisciplinary/interdisciplinary team and is made available to all relevant caregivers who are authorised to have access to its content.

	Criterion	Comments
		Recommendations
<b>Criterion 15.1.2.1</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The patient's clinical records are completed according to guidelines determined by the organisation.	
<b>Criterion 15.1.2.2</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The patient's records are up to date to ensure the transfer of the latest information between care providers.	
<b>Criterion 15.1.2.3</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Information exchanged includes a summary of the care provided.	



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<b>Criterion 15.1.2.4</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Information exchanged includes the patient's progress.	
<b>Criterion 15.1.2.5</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	The author can be identified for each patient record entry.	
<b>Criterion 15.1.2.6</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The date of each patient record entry can be identified.	
<b>Criterion 15.1.2.7</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The time of each patient record entry can be identified.	



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### 15.2 Facilities and Equipment

#### 15.2.1 Standard

***Adequate resources are available for the provision of safe care to patients in the ward.***

**Standard Intent:** In order to provide safe patient care, each unit requires adequate resources. The physical facilities required include adequate office accommodation for staff; sluice rooms which are hygienically clean at all times; treatment and dressing rooms; and adequate storage space for clean linen. Cleaning equipment is safely stored in a room or cupboard expressly for this purpose. There are adequate toilet and bathing facilities for the number of patients in the ward, as determined by national legislation.

There is adequate lighting and ventilation.

Nurse call systems, which are connected to the emergency power supply, are available at bedsides and in bathrooms and toilets.

Where there is no piped oxygen and vacuum supply, there are mobile oxygen cylinders and vacuum pumps. All necessary fittings for oxygen and suction are in place and working satisfactorily. Each ward is provided with a socket outlet that is connected to the emergency power supply.

A resuscitation trolley is available at the point of need within one minute. In addition there is access to a defibrillator or automated external defibrillator (AED) within three minutes of any patient collapsing. Resuscitation equipment includes at least:

- a defibrillator with adult paddles/pads (and paediatric paddles/pads where applicable)
- an ECG monitor
- a CPR board (if required)
- suction apparatus (electrical or alternative) plus a range of soft and hard suction catheters
- a bag-mask manual ventilator
- a range of endotracheal tubes and two laryngoscopes with a range of straight and curved blades, spare batteries, spare globes where applicable
- an introducer/stylet for endotracheal intubation
- a syringe to inflate ETT cuff
- oropharyngeal tubes
- equipment to perform an emergency cricothyroidotomy (needle and surgical)
- appropriate facilities for intravenous therapy and drug administration (including paediatric sizes, where applicable)
- drugs for cardiac arrest, coma, seizures and states of shock (including paediatric doses where applicable)
- plasma expanders.

	Criterion	Comments
		Recommendations
<b>Criterion 15.2.1.1</b>	Patient and staff accommodation in the service is adequate to meet patient care needs.	
Critical: ..		
Catg: Basic Management + Physical Struct		
<b>Compliance</b>		
NA    NC    PC    C		
Default Severity for NC or PC = 3 Serious		



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<b>Criterion 15.2.1.2</b> Critical: '' Catg: Basic Management + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Oxygen and vacuum supplies meet the needs of patients for care.	
<b>Criterion 15.2.1.3</b> Critical: '' Catg: Basic Process + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	There is evidence that equipment is maintained in accordance with the policies of the organisation.	
<b>Criterion 15.2.1.4</b> Critical: 0 Catg: Basic Management + Physical Struct <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Resuscitation equipment is available in accordance with the policies of the organisation.	
<b>Criterion 15.2.1.5</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Where there are no piped oxygen installations, there is a documented procedure for ensuring that cylinder pressures (i.e. contents) are monitored according to organisational policy while patients are receiving oxygen.	
<b>Criterion 15.2.1.6</b> Critical: '' Catg: Basic Management + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Each patient has access to a nurse call system at all times.	



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<b>Criterion 15.2.1.7</b>	Electricity and water is available in accordance with the policies of the organisation.	
Critical: ..		
Catg: Basic Management + Physical Struct		
<b>Compliance</b>		
NA    NC    PC    C		
Default Severity for NC or PC = 4 Very Serious		

### 15.3 Clinical Practice Guidelines

#### 15.3.1 Standard

**Clinical practice guidelines are used to guide patient care and reduce unwanted variation.**

**Standard Intent:** Clinical practice guidelines provide a means to improve quality and assist practitioners and patients in making clinical decisions. Guidelines are found in the literature under many names, including practice parameters, practice guidelines, patient care protocols, standards of practice and/or care pathways. Regardless of the source, the scientific basis of guidelines should be reviewed and approved by organisation leaders and clinical practitioners before implementation. Consideration should be given to providing guidelines for high risk, high volume and high cost conditions as these will form the basis for structured clinical audits. This ensures that they meet the criteria established by the leaders and are adapted to the community, patient needs and organisation resources. Once implemented, guidelines are reviewed on a regular basis to ensure their continued relevance.

	Criterion	Comments
		Recommendations
<b>Criterion 15.3.1.1</b>	Clinical practice guidelines relevant to the patients and services of the organisation are available to guide patient care processes.	
Critical: ..		
Catg: Basic Process + Patient Care		
<b>Compliance</b>		
NA    NC    PC    C		
Default Severity for NC or PC = 4 Very Serious		
<b>Criterion 15.3.1.2</b>	The implementation of guidelines is monitored as part of a structured clinical audit.	
Critical: ..		
Catg: Evaluation + Patient Care		
<b>Compliance</b>		
NA    NC    PC    C		
Default Severity for NC or PC = 4 Very Serious		





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<b>Criterion 15.3.1.3</b>	Guidelines are reviewed and adapted on a regular basis.	
Critical: ..		
Catg: Evaluation + Efficiency		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 3 Serious		

### 15.4 Assessment of Patients

#### 15.4.1 Standard

**All patients cared for by the organisation have their health needs identified through an established assessment process.**

**Standard Intent:** When a patient enters a ward the specific information required and the procedures for obtaining and documenting it depend on the patient's needs and on the setting in which care is being provided.

The organisation defines, in writing, the scope and content of assessments to be performed by each clinical discipline within its scope of practice and applicable laws and regulations. These findings are used throughout the care process to evaluate patient progress and understand the need for re-assessment. It is essential that assessments are documented well and can be easily retrieved from the patient's record.

The health organisation determines the time frame for completing assessments. This may vary in the different settings within the organisation. When an assessment is partially or entirely completed outside the organisation, the findings are verified on admission to the organisation.

	Criterion	Comments
		Recommendations
<b>Criterion 15.4.1.1</b>	The organisation implements policies and procedures for assessing patients on admission and during on-going care.	
Critical: ..		
Catg: Basic Management + Patient Care		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 4 Very Serious		
<b>Criterion 15.4.1.2</b>	Only those individuals permitted by applicable laws and regulations or by registration perform the assessments.	
Critical: ..		
Catg: Basic Process + Legality		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 4 Very Serious		



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<b>Criterion 15.4.1.3</b> Critical: '' Catg: Basic Management + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	The scope and content of assessment by each discipline is defined.	
<b>Criterion 15.4.1.4</b> Critical: '' Catg: Basic Management + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	Policies and procedures ensure that assessments are performed within appropriate time frames and that they are adequately documented in the patients' records.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 15. Psychiatric Care

### 15.4.2 Standard

***Each patient has an initial assessment that complies with current policies, procedures and guidelines.***

**Standard Intent:** The initial assessment of a patient is critical for the identification of the needs of the patient and initiation of the care process. A patient's social, cultural and family status are important factors that can influence their response to illness and care. Families can be of considerable help in these areas of assessment and in understanding the patient's wishes and preferences. Economic factors are assessed as part of the social assessment, particularly when the patient and his/her family will be responsible for the cost of all or a portion of the care.

A functional and nutritional assessment allows for the patient to be referred for specialist care if necessary.

Certain patients may require a modified assessment, e.g. very young patients, the frail or elderly, those in pain, patients suspected of drug and/or alcohol dependency, and victims of abuse and neglect. The assessment process is modified in accordance with the national guidelines.

A psychosocial assessment of the child or adolescent receiving inpatient, residential, partial-hospitalisation, continuing outpatient, home care or case-management services and his or her family includes an evaluation of the effect of the family or guardian on the condition of the individual served and the effect of the condition on the family or guardian. As part of the assessment process, the organisation identifies the adult(s) who has legal custody, e.g. in the case of divorced parents. This may prevent conflicts during care or discharge planning that can be detrimental to the adolescent.

In terms of the care of the intellectually disabled persons, family involvement must be encouraged. For many individuals, participation by family members will be a significant factor in achieving goals. The importance of participation by family in treatment planning is related to age or disability factors. Family members generally need to participate in the treatment of children and adolescents.

The outcome from the patient's initial assessment results in an understanding of the patient's medical and nursing needs so that care and treatment can begin.

Planning for discharge is initiated during the initial assessment process.

When the medical/psychological assessment was conducted outside the organisation, a legible copy of the findings is placed in the patient's record. Any significant changes in the patient's condition since this assessment are recorded.

	Criterion	Comments
		Recommendations
<b>Criterion 15.4.2.1</b>	Each patient admitted has an initial assessment that meets organisation policy.	
Critical: ..		
Catg: Basic Process + Patient Care		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 4 Very Serious		



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<b>Criterion 15.4.2.2</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	The initial assessment includes health history.	
<b>Criterion 15.4.2.3</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	The initial assessment includes physical examination.	
<b>Criterion 15.4.2.4</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	The initial assessment includes functional examination, where applicable.	
<b>Criterion 15.4.2.5</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 2 Moderate	The initial assessment includes social and economic assessment, where applicable.	
<b>Criterion 15.4.2.6</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	The initial assessment includes psychiatric assessment.	



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## 15. Psychiatric Care

<b>Criterion 15.4.2.7</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	The initial assessment includes cultural assessment, where applicable.	
<b>Criterion 15.4.2.8</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The initial assessment results in an initial diagnosis.	
<b>Criterion 15.4.2.9</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The initial assessment results in the identification of the patient's medical, nursing or other therapeutic needs.	

### 15.4.3 Standard

**Health professionals responsible for patient care collaborate to analyse and integrate assessment information.**

**Standard Intent:** A patient benefits most when the personnel responsible for the patient work together to analyse the assessment findings and to combine this information into a comprehensive picture of his or her condition. From this collaboration, the patient's needs are identified, the order of their importance is established and care decisions are made.

	Criterion	Comments
		Recommendations
<b>Criterion 15.4.3.1</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Assessment findings are documented in the patient's record and are readily available to those responsible for the patient's care.	



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<b>Criterion 15.4.3.2</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	Patient assessment data and information are analysed and integrated by those responsible for the patient's care.	
<b>Criterion 15.4.3.3</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	Patient needs are prioritised on the basis of assessment results.	
<b>Criterion 15.4.3.4</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	The patient and/or the family participate in the decisions regarding the priority needs to be met.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 15. Psychiatric Care

### 15.5 Patient Care

#### 15.5.1 Standard

*The care provided to each patient is planned and written in the patient's record.*

**Standard Intent:** A single, integrated plan is preferable to a separate care plan recorded by each health professional.

Collaborative care and treatment team meetings or similar patient discussions are recorded.

Individuals qualified to do so order diagnostic and other procedures. These orders must be easily accessible if they are to be acted on in a timely manner. Locating orders on a common sheet or in a uniform location in patient records facilitates the correct understanding and carrying out of orders.

The organisation decides:

- which orders must be written rather than verbal
- who is permitted to write orders
- where orders are to be located in the patient's record.

The method used must respect the confidentiality of patient care information.

	Criterion	Comments
		Recommendations
<b>Criterion 15.5.1.1</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The planned care is provided and noted in the patient's record.	
<b>Criterion 15.5.1.2</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	All procedures and diagnostic tests ordered and performed are written into the patient's record.	
<b>Criterion 15.5.1.3</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The results of procedures and diagnostic tests performed are available in the patient's record.	



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<b>Criterion 15.5.1.4</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	Re-assessments are documented in the patient's record.	
<b>Criterion 15.5.1.5</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	The patient's plan of care is modified when the patient's needs change.	





# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 15. Psychiatric Care

### 15.5.2 Standard

***Policies and procedures guide the care of high-risk patients and the provision of high-risk services.***

**Standard Intent:** Some patients are considered "high-risk" because of their age, condition or the critical nature of their needs. Psychiatric patients, children and the elderly are commonly in this group as they may not be able to speak for themselves, understand the care process or participate in decisions regarding their care. Similarly, the frightened, confused or comatose patient is unable to understand the care process when care needs to be provided efficiently and rapidly.

Policies and procedures are important. They help the personnel understand these patients and services and to respond in a thorough, competent and uniform manner. The clinical and managerial leaders take responsibility for identifying the patients and services considered high-risk, using a collaborative process to develop policies and procedures and train staff in their implementation.

The special facilities and safety measures required by children need to be specified. It is particularly important that the policies or procedures indicate:

- how planning will occur
- the documentation required for the care team to work effectively
- special consent considerations
- monitoring requirements
- special qualifications or skills of the personnel involved in the care process
- the resuscitation equipment available and how to use it, including equipment for children.

Clinical guidelines should be incorporated in the process because there are several criteria requiring guidelines to be used. Monitoring provides the information needed to ensure that the policies and procedures are adequately implemented and followed for all relevant patients and services.

Policies and procedures should focus on high-risk patients and procedures, e.g.

- a) the care of emergency patients
- b) the care of patients with communicable diseases
- c) the care of immuno-suppressed patients
- d) the use of restraint and the care of patients in restraint
- e) the care of frail, dependent elderly patients
- f) the care of young, dependent children
- g) the use of seclusion and the care of patients in seclusion
- h) the management of patients with eating disorders
- i) the management of the detoxification stage of treatment
- j) the management of patients who may be a danger to themselves or others
- k) the administration of electro-convulsive therapy and care of patients following ECT
- l) the management of the violent patient
- m) the searching of patients, visitors, parcels and staff for harmful objects, substances and unwanted materials.

	Criterion	Comments
		Recommendations
<b>Criterion 15.5.2.1</b>	Policies and procedures for identified high-risk patients and procedures, which include at least items a) to m) in the intent statement above, are implemented.	
Critical: ..		
Catg: Basic Process + Patient Care		
<b>Compliance</b>		
NA    NC    PC    C		
Default Severity for NC or PC = 4 Very Serious		



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<b>Criterion 15.5.2.2</b>	The personnel are trained and use the policies and procedures to guide care.	
Critical: ..		
Catg: Basic Process + Patient Care		
<b>Compliance</b>		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

### 15.5.3 Standard

***Risks, benefits, potential complications and care options are discussed with the patient and his or her family or with those who make decisions for the patient.***

**Standard Intent:** This section deals with the process of obtaining informed consent from patients and does NOT refer to providing health education in general, which is dealt with in standard 15.8.

Patients and their families or decision-makers receive adequate information to participate in care decisions. Patients and families are informed as to what tests, procedures and treatments require consent and how they can give consent, for example verbally, by signing a consent form, or through some other mechanism. Patients and families understand who, in addition to the patient, may give consent.

Designated personnel are trained to inform patients and to obtain and document patient consent, e.g. a medical practitioner for the administration of ECT, or a nurse for HIV testing. These staff members clearly explain any proposed treatments or procedures to the patient and, when appropriate, the family. Informed consent includes:

- an explanation of the risks and benefits of the planned procedure
- identification of potential complications
- consideration of other options available to treat the patient.

In addition, when blood or blood products may be needed, information on the risks and alternatives is discussed.

The organisation lists all those procedures that require written informed consent. Leaders document the processes for the obtaining of informed consent.

The consent process always concludes with the patient or his/her proxy signing the consent form, or the documentation of the patient's or his/her proxy's verbal consent in the patient's record by the individual who provided the information for consent. Documentation includes the statement that the patient acknowledged full understanding of the information. The patient's medical practitioner or other qualified individual provides the necessary information and the name of this person appears on the consent form.

	Criterion	Comments
		Recommendations
<b>Criterion 15.5.3.1</b>	There is a documented process for the obtaining of informed consent.	
Critical: ..		
Catg: Basic Management + Patient Care		
<b>Compliance</b>		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		



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<b>Criterion 15.5.3.2</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Patients/proxies are informed about their condition and the proposed treatment.	
<b>Criterion 15.5.3.3</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Patients/proxies know the identity of the medical practitioner or other professional practitioner responsible for their care.	
<b>Criterion 15.5.3.4</b> Critical: 0 Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The information provided is recorded, with the record of the patient/proxy having provided written or verbal consent.	

### 15.5.4 Standard

*Each patient participates in a structured treatment plan.*

**Standard Intent:** Each patient has psychotherapeutic interviews with an appropriately qualified person to meet his/her needs.

There is a structured therapeutic environment which allows for group therapy, occupational therapy, music or art therapy as required by individual patients.

	Criterion	Comments
		Recommendations
<b>Criterion 15.5.4.1</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	There is evidence of regular psychotherapeutic interviews as indicated by the programme and individual patient's needs.	



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<b>Criterion 15.5.4.2</b> Critical: '' Catg: Basic Management + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	There is a range of therapeutic activities available according to the identified needs of the patient.	
<b>Criterion 15.5.4.3</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	There is documented participation of the patient with his or her family or significant other(s) in group therapy, as appropriate.	
<b>Criterion 15.5.4.4</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	The patient has the least restrictive environment possible, with any restrictions placed upon him/her written into the treatment plan.	

### 15.5.5 Standard

#### *Pre- and post-anaesthetic assessments are documented.*

**Standard Intent:** This standard applies to settings where electro-convulsive therapy (ECT) is administered.

The pre-anaesthetic assessment determines if the patient is a good candidate for the planned anaesthesia. The clinical assessment and results of investigations must be available to the medical practitioner performing the ECT. Post-ECT monitoring is appropriate to the patient's condition.

	Criterion	Comments
		Recommendations
<b>Criterion 15.5.5.1</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	The patient's initial medical assessment is documented before anaesthesia.	



Republic of Botswana

# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 15. Psychiatric Care

<b>Criterion 15.5.5.2</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Patients have the results of diagnostic tests recorded before anaesthesia.	
<b>Criterion 15.5.5.3</b> Critical: .. Catg: Basic Process + Legality <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The names of the anaesthetist, the medical practitioner who performs the ECT and other personnel as required by law are documented.	
<b>Criterion 15.5.5.4</b> Critical: 0 Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The patient's physiological status is monitored during the immediate post-ECT period.	

### 15.5.6 Standard

*The organisation implements processes to support the patient in managing pain.*

**Standard Intent:** While pain may be a part of the patient experience, unrelieved pain has adverse physical and psychological effects. The patient's right to appropriate assessment and management of pain is respected and supported.

The organisation has processes to:

- identify patients with pain during initial assessment and re-assessment
- communicate with and provide education for patients and families about pain management in the context of their personal, cultural and religious beliefs
- educate health service providers in pain assessment and management.

	Criterion	Comments
		Recommendations
<b>Criterion 15.5.6.1</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The assessment process makes provision for patients in pain to be identified.	



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# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 15. Psychiatric Care

<b>Criterion 15.5.6.2</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> <b>NA NC PC C</b> Default Severity for NC or PC = 4 Very Serious	Patients in pain receive care according to pain management guidelines.	
<b>Criterion 15.5.6.3</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> <b>NA NC PC C</b> Default Severity for NC or PC = 3 Serious	Patients and families are educated about pain and pain management.	
<b>Criterion 15.5.6.4</b> Critical: '' Catg: Basic Management + Efficiency <b>Compliance</b> <b>NA NC PC C</b> Default Severity for NC or PC = 4 Very Serious	The organisation has processes to educate health professionals in assessing and managing pain.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 15. Psychiatric Care

### 15.5.7 Standard

*The organisation develops processes to manage end-of-life care.*

**Standard Intent:** Dying patients have unique needs for respectful, compassionate care. Concern for the patient's comfort and dignity guides all aspects of care during the final stages of life. To accomplish this, all personnel are made aware of the unique needs of patients at the end of life. These needs include treatment of primary and secondary symptoms, pain management, responding to the concerns of the patient and their family and involving them in care decisions.

End-of-life care provided by the organisation includes:

- providing appropriate treatment for any symptoms according to the wishes of the patient and family
- sensitively addressing issues such as autopsy and organ donation
- involving the patient and family in all aspects of care
- responding to the psychological, emotional, spiritual and cultural concerns of the patient and family.

	Criterion	Comments
		Recommendations
<b>Criterion 15.5.7.1</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	Policies and procedures regarding end-of-life care, at least including elements a) to d) in the intent statement, are implemented.	
<b>Criterion 15.5.7.2</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	The patient and the family/significant other(s) are involved in care decisions.	
<b>Criterion 15.5.7.3</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	Pain and primary or secondary symptoms are managed.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

Republic of Botswana

## 15. Psychiatric Care

<b>Criterion 15.5.7.4</b>	Interventions address patient and family religious and cultural concerns.	
Critical: ..		
Catg: Basic Process + Patient Care		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 3 Serious		

## 15.6 Medication

### 15.6.1 Standard

*Medication use in the organisation complies with applicable laws and regulations.*

**Standard Intent:** Medication management is not only the responsibility of the pharmaceutical service but also of managers and clinical care providers. Medical, nursing, pharmacy and administrative personnel participate in a collaborative process to develop and monitor policies and procedures.

Each organisation has a responsibility to identify those individuals with the requisite knowledge and experience, and who are permitted by law, registration or regulations to prescribe or order medications. In emergency situations the organisation identifies any additional individuals permitted to prescribe or order medications. Requirements for documentation of medications ordered or prescribed and for using verbal medication orders are defined in policy.

	Criterion	Comments
		Recommendations
<b>Criterion 15.6.1.1</b>	Policies and procedures that guide the safe prescribing, ordering, dispensing and administration of medications are implemented.	
Critical: ..		
Catg: Basic Management + Legality		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 4 Very Serious		
<b>Criterion 15.6.1.2</b>	The use of verbal/telephonic medication orders is documented.	
Critical: ..		
Catg: Basic Management + Legality		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 4 Very Serious		





# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 15. Psychiatric Care

<b>Criterion 15.6.1.3</b> Critical: '' Catg: Basic Process + Legality <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Only those permitted by the organisation and by relevant law and regulation prescribe medication.	
<b>Criterion 15.6.1.4</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Medications, including herbal and over-the-counter medications, brought into the organisation by the patient or the family are known to the patient's medical practitioner and are noted in the patient's record.	

### 15.6.2 Standard

#### *Medications are safely administered.*

**Standard Intent:** Only personnel who are suitably trained and experienced may administer medication to patients. The responsibility of these persons for medication administration is documented. The safe administration of medications requires a strict and comprehensive protocol.

The patient, medical practitioner, nurse and other care providers work together to monitor patients on medications. The purpose of monitoring is to evaluate the response to medication, adjust the dosage or type of medication when needed and to evaluate the patient for adverse effects.

The organisation follows national requirements for the reporting of adverse effects. Doctors, nurses, and pharmacists are expected to report reactions that are suspected to be adverse drug events, irrespective of whether the event is well recognised, potentially serious or clinically "insignificant".

There is a reporting process focused on the prevention of medication errors through understanding the types of errors that occur. Improvements in medication processes and staff training are used to prevent errors in the future. The pharmacy participates in such staff training.

	Criterion	Comments
		Recommendations
<b>Criterion 15.6.2.1</b> Critical: '' Catg: Basic Process + Legality <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Only those permitted by the organisation and by relevant laws and regulations administer medications.	



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# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 15. Psychiatric Care

<b>Criterion 15.6.2.2</b> Critical: .. Catg: Basic Process + Pat & Staff Safety <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	There is evidence that patients are identified before medications are administered.	
<b>Criterion 15.6.2.3</b> Critical: 0 Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Medications are checked against the original prescriptions and administered as prescribed.	
<b>Criterion 15.6.2.4</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Health professionals monitor medication effects on patients collaboratively.	
<b>Criterion 15.6.2.5</b> Critical: .. Catg: Basic Process + Legality <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Adverse Drug Reactions (ADR) are observed, recorded and reported through a process and within a time frame defined by the organisation.	
<b>Criterion 15.6.2.6</b> Critical: .. Catg: Basic Process + Pat & Staff Safety <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Medication errors are reported through a process and within a time frame defined by the organisation.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 15. Psychiatric Care

<b>Criterion 15.6.2.7</b>	The medications prescribed for and administered to each patient are recorded.	
Critical: ..		
Catg: Basic Process + Patient Care		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 4 Very Serious		

### 15.6.3 Standard

*Medications are stored in a safe and clean environment.*

**Standard Intent:** Patient care units store medications in a clean and safe environment that complies with law, regulation and professional practice standards.

	Criterion	Comments
		Recommendations
<b>Criterion 15.6.3.1</b>	Medication is stored in a locked storage device or cabinet that is accessible only to authorised staff.	
Critical: ..		
Catg: Basic Process + Efficiency		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 3 Serious		
<b>Criterion 15.6.3.2</b>	Medications identified for special control (by law or organisational policy) are stored in a cabinet of substantial construction, for which only authorised staff have the keys.	
Critical: ..		
Catg: Basic Process + Legality		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 4 Very Serious		
<b>Criterion 15.6.3.3</b>	Medications identified for special control (by law or organisational policy) are accurately accounted for.	
Critical: 0		
Catg: Basic Process + Legality		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 4 Very Serious		



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

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## 15. Psychiatric Care

<b>Criterion 15.6.3.4</b> Critical: <input type="checkbox"/> Catg: Basic Process + Pat & Staff Safety <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	Medications are securely and legibly labelled with relevant information as required by law and organisational policy.	
<b>Criterion 15.6.3.5</b> Critical: <input type="checkbox"/> Catg: Basic Process + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	Medications are stored in a clean environment.	
<b>Criterion 15.6.3.6</b> Critical: <input type="checkbox"/> Catg: Basic Management + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	Medication is stored in accordance with manufacturer's instructions relating to temperature, light and humidity.	
<b>Criterion 15.6.3.7</b> Critical: <input type="checkbox"/> Catg: Basic Management + Physical Struct <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	A lockable refrigerator is available for those medications requiring storage at low temperatures.	
<b>Criterion 15.6.3.8</b> Critical: <input type="checkbox"/> Catg: Basic Process + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	The temperature of the refrigerator is monitored and recorded.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 15. Psychiatric Care

<b>Criterion 15.6.3.9</b>	Expiry dates are checked (including those of emergency drugs) and drugs are replaced before expiry date.	
Critical: ..		
Catg: Basic Process + Efficiency		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 4 Very Serious		

### 15.7 Food and Nutrition Therapy

#### 15.7.1 Standard

*Food and nutrition therapy appropriate for the patient and consistent with his or her clinical care is regularly available.*

**Standard Intent:** A qualified caregiver orders appropriate food or other nutrients. The patient participates in planning and selecting foods and the patient's family may, when appropriate, participate in providing food. They are educated as to which foods are contraindicated, including information about any medications associated with food interactions. When possible, patients are offered a variety of food choices consistent with their nutritional status. The nutritional status of the patients is monitored.

	Criterion	Comments
		Recommendations
<b>Criterion 15.7.1.1</b>	Food, appropriate to the patient, is regularly available.	
Critical: ..		
Catg: Basic Management + Patient Care		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 3 Serious		
<b>Criterion 15.7.1.2</b>	An order for food based on the patients' nutritional status and needs is recorded in the patient's file.	
Critical: ..		
Catg: Basic Process + Patient Care		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 3 Serious		
<b>Criterion 15.7.1.3</b>	When families provide food, they are educated about the patient's diet limitations.	
Critical: ..		
Catg: Basic Process + Patient Care		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 3 Serious		



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# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 15. Psychiatric Care

<b>Criterion 15.7.1.4</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Patients assessed as being at nutrition risk receive nutrition therapy.	
<b>Criterion 15.7.1.5</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	A collaborative process is used to plan, deliver and monitor nutrition therapy.	
<b>Criterion 15.7.1.6</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Nutrition therapy provided, either oral or intravenous, is written in the patient's record.	
<b>Criterion 15.7.1.7</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Response to nutrition therapy is monitored and recorded.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 15. Psychiatric Care

### 15.8 Patient and Family Education

#### 15.8.1 Standard

*Education supports patient and family participation in care decisions and processes.*

**Standard Intent:** Learning occurs when attention is paid to the methods used to educate patients and families. The organisation selects appropriate educational methods and people to provide the education.

Staff collaboration helps to ensure that the information patients and families receive is comprehensive, consistent and as effective as possible.

Education is focused on the specific knowledge and skills that the patient and his or her family will need to participate and make decisions on how to continue with care at home.

Variables like educational literacy, beliefs and limitations are taken into account. Each organisation decides the placement and format for educational assessment, planning and delivery of information in the patient's record.

It is sometimes important that patients and families are made aware of any financial implications associated with care choices, such as choosing to remain an inpatient rather than being an outpatient.

Community organisations that support health promotion and disease prevention education are identified and, when possible, on-going relationships are established.

	Criterion	Comments
		Recommendations
<b>Criterion 15.8.1.1</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 2 Moderate	Patients and families indicate that they have been informed about their diagnosis.	
<b>Criterion 15.8.1.2</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 2 Moderate	Patients indicate that they have been informed about the management of their condition.	
<b>Criterion 15.8.1.3</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Patients are educated about their diagnosis, relevant high health risks, e.g. safe use of medication and medical equipment, medicine and food interaction, diet and food interactions, defaulting on medication use, etc.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

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## 15. Psychiatric Care

<b>Criterion 15.8.1.4</b>	Patients and families indicate that they have been informed about any financial implications of care decisions.	
Critical: ..		
Catg: Basic Process + Patient Care		
<b>Compliance</b>		
<b>NA    NC    PC    C</b>		
Default Severity for NC or PC = 2 Moderate		

### 15.9 Continuity of Care

#### 15.9.1 Standard

*The organisation designs and carries out processes to provide continuity of patient care services within the organisation and coordination among health professionals.*

**Standard Intent:** As patients move through a health organisation from admission to discharge or transfer, several departments and services and many different health service providers may be involved in providing care. Without coordination and effective transfer of information and responsibilities, errors of omission and commission may occur, exposing the patient to avoidable risks.

	Criterion	Comments
		Recommendations
<b>Criterion 15.9.1.1</b>	Policies and procedures that guide the movement of patients within the organisation are implemented.	
Critical: ..		
Catg: Basic Management + Patient Care		
<b>Compliance</b>		
<b>NA    NC    PC    C</b>		
Default Severity for NC or PC = 3 Serious		
<b>Criterion 15.9.1.2</b>	Individuals responsible for the patient's care and its coordination are identified for all phases.	
Critical: ..		
Catg: Basic Management + Patient Care		
<b>Compliance</b>		
<b>NA    NC    PC    C</b>		
Default Severity for NC or PC = 3 Serious		
<b>Criterion 15.9.1.3</b>	Continuity and coordination are evident throughout all phases of patient care.	
Critical: ..		
Catg: Basic Process + Patient Care		
<b>Compliance</b>		
<b>NA    NC    PC    C</b>		
Default Severity for NC or PC = 3 Serious		





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# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 15. Psychiatric Care

<b>Criterion 15.9.1.4</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	The record of the patient accompanies the patient when transferred within the organisation.	
<b>Criterion 15.9.1.5</b> Critical: .. Catg: Basic Process + Legality <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Documentation regarding the transfer of a patient from the forensic service to another service within the organisation meets legal requirements.	

### 15.9.2 Standard

*There is a process known to personnel to appropriately refer patients for specialised consultation/investigations at other health facilities.*

**Standard Intent:** In some cases, medical practitioners refer patients for a secondary consultation to confirm an opinion, to request more extensive diagnostic evaluations than may be available locally, or to have patients receive specialised treatment that the referring organisation may be unable to provide. The organisation must clearly describe the referral process, especially where patients are sent to another facility for specialist consultation or special investigations and then return to the original facility.

	Criterion	Comments
		Recommendations
<b>Criterion 15.9.2.1</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Policies and procedures that guide the movement of patients for referral to another organisation are implemented.	
<b>Criterion 15.9.2.2</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	A copy of the referral note is available in the patient record.	



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# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 15. Psychiatric Care

<b>Criterion 15.9.2.3</b>	Follow-up care based on the findings of investigations/consultations performed outside the organisation are noted in the patient's record.	
Critical: ..		
Catg: Basic Process + Patient Care		
<b>Compliance</b>		
NA    NC    PC    C		
Default Severity for NC or PC = 3 Serious		

### 15.9.3 Standard

*There is a process to appropriately transfer patients to another organisation to meet their continuing needs.*

**Standard Intent:** Transfer may be for specialised consultation at another health facility and/or treatment, urgent services or for less intensive services such as sub-acute care or long-term rehabilitation.

To ensure continuity of care, adequate information must accompany the patient.

Transfer may be an uncomplicated process with the patient alert and talking, or may involve continuous nursing or medical supervision. The process for transferring the patient must consider transportation needs. The qualifications of the individual accompanying the patient must be appropriate.

	Criterion	Comments
		Recommendations
<b>Criterion 15.9.3.1</b>	There is a documented process for transferring patients to other organisations.	
Critical: ..		
Catg: Basic Management + Patient Care		
<b>Compliance</b>		
NA    NC    PC    C		
Default Severity for NC or PC = 4 Very Serious		
<b>Criterion 15.9.3.2</b>	The transferring organisation determines that the receiving organisation can meet the patient's continuing care needs and establishes arrangements to ensure continuity.	
Critical: ..		
Catg: Basic Process + Patient Care		
<b>Compliance</b>		
NA    NC    PC    C		
Default Severity for NC or PC = 3 Serious		
<b>Criterion 15.9.3.3</b>	The process for transferring the patient considers transportation needs.	
Critical: ..		
Catg: Basic Process + Patient Care		
<b>Compliance</b>		
NA    NC    PC    C		
Default Severity for NC or PC = 3 Serious		



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# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 15. Psychiatric Care

<b>Criterion 15.9.3.4</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	The process determines that patients are accompanied and monitored by an appropriately qualified person during transfer.	
<b>Criterion 15.9.3.5</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	When a patient is transferred to another organisation, the receiving organisation is given a written summary of the patient's clinical condition and the interventions provided by the referring organisation.	
<b>Criterion 15.9.3.6</b> Critical: 0 Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	A copy of the transfer summary is available in the patient record.	
<b>Criterion 15.9.3.7</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	The health organisation agreeing to receive the patient is noted in the patient's record.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 15. Psychiatric Care

### 15.9.4 Standard

*There is an organised process to appropriately discharge patients.*

**Standard Intent:** The organisation begins to plan for the patient's continuing needs as early in the care process as possible. Instructions for discharge and follow-up visits must be clear and provided in writing.

The discharge summary is one of the most important documents to ensure continuity of care and facilitate correct management at subsequent visits. Information provided by the organisation may include when to resume daily activities, preventive practices relevant to the patient's condition and, when appropriate, information on coping with disease or disability.

The summary contains at least:

- the reason for admission
- the diagnosis of main and significant illnesses
- the results of investigations that will influence further management
- all procedures performed
- the patient's condition at discharge
- discharge medications
- follow-up arrangements.

	Criterion	Comments
		Recommendations
<b>Criterion 15.9.4.1</b> Critical: '' Catg: Basic Management + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	There is a documented process to appropriately discharge patients.	
<b>Criterion 15.9.4.2</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	The organisation works with the family, health practitioners and agencies outside the organisation to ensure timely and appropriate discharge.	
<b>Criterion 15.9.4.3</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Patients and, as appropriate, their families are given understandable follow-up instructions and this is noted in the patient's record.	



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## 15. Psychiatric Care

<b>Criterion 15.9.4.4</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	A discharge summary, which includes at least items a) to g) in the intent statement, is written by the medical practitioner at discharge of each patient.	
<b>Criterion 15.9.4.5</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Each record contains a copy of the discharge summary.	

### 15.10 Special Psychiatric Services

#### 15.10.1 Standard

*Where electro-convulsive therapy is provided, the service is managed and staffed to ensure patient safety.*

**Standard Intent:** Electro-convulsive (ECT) therapy carries high risk. The collaboration between personnel in the therapy unit, health and safety representatives and those responsible for the supply and maintenance of equipment is essential.

Electro-convulsive therapy personnel work with organisation leaders to ensure adequate and suitable management processes and staffing of the unit.

The qualifications of those persons who administer anaesthesia in the hospital are documented in accordance with current professional society standards.

	Criterion	Comments
		Recommendations
<b>Criterion 15.10.1.1</b> Critical: .. Catg: Basic Management + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	A senior medical practitioner who is suitably qualified and experienced is in charge of the electro-convulsive therapy service.	



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# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 15. Psychiatric Care

<b>Criterion 15.10.1.2</b> Critical: .. Catg: Basic Management + Physical Struct <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	The design of the ECT treatment area provides space for the reception, anaesthesia, treatment, recovery and observation of patients.	
<b>Criterion 15.10.1.3</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Policies and procedures relating to the activities in the ECT unit are implemented.	
<b>Criterion 15.10.1.4</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	There is documented evidence that the patient has consented to the procedure.	
<b>Criterion 15.10.1.5</b> Critical: <input type="checkbox"/> Catg: Basic Management + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Anaesthesia is administered only by qualified anaesthetists.	
<b>Criterion 15.10.1.6</b> Critical: <input type="checkbox"/> Catg: Basic Management + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Emergency resuscitation equipment is available in the ECT unit according to organisation policy.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 15. Psychiatric Care

### 15.10.2 Standard

*Where forensic services are provided, they comply with country-specific legislation.*

	Criterion	Comments
		Recommendations
<b>Criterion 15.10.2.1</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> <b>NA NC PC C</b> Default Severity for NC or PC = 3 Serious	Policies and procedures that guide the care of forensic patients and the provision of forensic services are implemented.	
<b>Criterion 15.10.2.2</b> Critical: '' Catg: Basic Management + Efficiency <b>Compliance</b> <b>NA NC PC C</b> Default Severity for NC or PC = 3 Serious	Security or correctional personnel are educated/trained about their responsibilities in relation to assisting with the management of patients.	
<b>Criterion 15.10.2.3</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> <b>NA NC PC C</b> Default Severity for NC or PC = 4 Very Serious	All seclusion or restraint, whether for clinical or non-clinical purposes, is documented in the patient's record.	
<b>Criterion 15.10.2.4</b> Critical: '' Catg: Basic Management + Efficiency <b>Compliance</b> <b>NA NC PC C</b> Default Severity for NC or PC = 4 Very Serious	There are mechanisms designed to facilitate communication and resolve conflict between judicial, correctional, penal, clinical and administrative agencies and those involved in an individual's care.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 15. Psychiatric Care

### 15.11 Quality Improvement

#### 15.11.1 Standard

*A formalised proactive quality improvement approach is maintained in the service.*

**Standard Intent:** This refers to the implementation of organisational processes on quality improvement (Service Element 8).

It is the responsibility of management of the organisation to ensure that standards are set throughout the organisation. Within each department or service, it is the responsibility of managers to ensure that standards are set for the particular department. This requires coordination with the organisation's central/management/coordinating structures/systems for quality management. Departmental managers use available data and information to identify priority areas for quality monitoring and improvement.

Quality monitoring could include:

- a) patient assessment
- b) the use of medications and medication errors
- c) the use of sedation and/or anaesthesia
- d) patient and family expectations and satisfaction.

The following will be evaluated:

- problems identified in this service for which quality improvement activities were initiated
- the processes put in place to resolve the problems
- identification of indicators to measure improvement
- the tool(s) used to evaluate these indicators
- the monitoring of these indicators and corrective steps taken when goals were not achieved
- graphed and/or tabled results, as appropriate.

	Criterion	Comments
		Recommendations
<b>Criterion 15.11.1.1</b> Critical: '' Catg: Evaluation + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	There are formalised quality improvement processes for the service that have been developed and agreed upon by the personnel of the service.	
<b>Criterion 15.11.1.2</b> Critical: '' Catg: Evaluation + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	Indicators of performance are identified to evaluate the quality of treatment and patient care.	





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## 15. Psychiatric Care

<b>Criterion 15.11.1.3</b> Critical: '' Catg: Evaluation + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The quality improvement cycle includes the monitoring and evaluation of the standards set, and remedial action implemented.	
<b>Criterion 15.11.1.4</b> Critical: '' Catg: Evaluation + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	A documentation audit system is in place.	

### 15.12 Patient Rights

#### 15.12.1 Standard

*The department/service implements processes that support patient and family rights during care.*

**Standard Intent:** This refers to the implementation of organisational policies on patient and family rights (Service Element 5). Compliance will be verified during observation of patient care processes, patient record audits and patient interviews.

	Criterion	Comments
		Recommendations
<b>Criterion 15.12.1.1</b> Critical: '' Catg: Basic Management + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	There are processes that support patient and family rights during care.	
<b>Criterion 15.12.1.2</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Measures are taken to protect the patient's privacy, person and possessions.	



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## 15. Psychiatric Care

<b>Criterion 15.12.1.3</b>	The personnel respect the rights of patients and families to treatment and to refuse treatment.	
Critical: ''		
Catg: Basic Process + Patient Care		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 4 Very Serious		

### 15.13 Prevention and Control of Infection

#### 15.13.1 Standard

*The department/service implements infection prevention and control processes.*

**Standard Intent:** This refers to the implementation of organisational processes on infection prevention and control (Service Element 9).

	Criterion	Comments
		Recommendations
<b>Criterion 15.13.1.1</b>	The department identifies the procedures and processes associated with the risk of infection and implements strategies to reduce risk.	
Critical: ''		
Catg: Basic Process + Pat & Staff Safety		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 4 Very Serious		
<b>Criterion 15.13.1.2</b>	Infection control processes include prevention of the spread of respiratory tract infections.	
Critical: ''		
Catg: Basic Process + Pat & Staff Safety		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 4 Very Serious		
<b>Criterion 15.13.1.3</b>	Infection control processes include prevention of the spread of urinary tract infections.	
Critical: ''		
Catg: Basic Process + Pat & Staff Safety		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 4 Very Serious		



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<b>Criterion 15.13.1.4</b> Critical: .. Catg: Basic Process + Pat & Staff Safety <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	Infection control processes include prevention of the spread of infection through intravascular invasive devices.	
<b>Criterion 15.13.1.5</b> Critical: .. Catg: Basic Process + Pat & Staff Safety <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	Infection control processes include prevention of the spread of infection through surgical wounds.	

### 15.14 Risk Management

#### 15.14.1 Standard

*The department/service implements risk management processes.*

**Standard Intent:** This refers to the implementation of organisational processes on risk management (Service Element 7).

	Criterion	Comments
		Recommendations
<b>Criterion 15.14.1.1</b> Critical: .. Catg: Basic Process + Pat & Staff Safety <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	The department conducts ongoing monitoring of risks through documented assessments as part of organisational risk management processes.	
<b>Criterion 15.14.1.2</b> Critical: .. Catg: Basic Process + Pat & Staff Safety <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	A system for monitoring incidents/near misses/sentinel/adverse events is available and includes the documentation of interventions and responses to recorded incidents.	



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<b>Criterion 15.14.1.3</b> Critical: .. Catg: Basic Process + Pat & Staff Safety <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	Security measures are in place and implemented to safeguard and protect patients, personnel and visitors.	
<b>Criterion 15.14.1.4</b> Critical: .. Catg: Basic Process + Pat & Staff Safety <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	Fire safety measures are implemented.	
<b>Criterion 15.14.1.5</b> Critical: .. Catg: Basic Process + Pat & Staff Safety <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	The organisation's policy on handling, storing and disposing of health waste is implemented.	