BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

16.Paediatric Care

Republic of Botswana

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: _____

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GUIDE TO COMPLETION OF FORM

</div>

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

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Documents Checked

   Surveyor: ............................

   Surveyor: ............................
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16.1 Coordination of Patient Care

16.1.1 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
Criterion 16.1.1.1 Critical: .. Catg: Basic Management + Efficiency **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The individuals responsible for the patient's care are designated.	
Criterion 16.1.1.2 Critical: .. Catg: Basic Management + Legality **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The individuals responsible for the patient's care are qualified.	
Criterion 16.1.1.3 Critical: .. Catg: Basic Management + Efficiency **Compliance** 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.	

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16.1.2 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 multidisciplinary team. This can be through verbal, written or electronic means according to appropriate policies determined by the 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
Criterion 16.1.2.1 Critical: .. Catg: Basic Process + Patient Care **Compliance** 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.	
Criterion 16.1.2.2 Critical: .. Catg: Basic Process + Patient Care **Compliance** 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.	
Criterion 16.1.2.3 Critical: .. Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Information exchanged includes summary of the care provided.	

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Criterion 16.1.2.4 Critical: .. Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Information exchanged includes the patient's progress.	
Criterion 16.1.2.5 Critical: .. Catg: Basic Process + Legality **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	The author can be identified for each patient record entry.	
Criterion 16.1.2.6 Critical: .. Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The date of each patient record entry can be identified.	
Criterion 16.1.2.7 Critical: .. Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The time of each patient record entry can be identified.	

16.2 Facilities and Equipment

16.2.1 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 used for this purpose only. There are adequate toilet and bathing facilities for the number of patients in the ward, as determined by national legislation.

There is a temperature-controlled nursery/ward and it has:
- suitable bassinettes
- photo-therapy lights
- a panel for viewing babies
- a designated area for preparing infant feeds
- a refrigerator for milk feeds only
- facilities allocated for washing utensils used when preparing infant feeds.

There is adequate lighting and ventilation.

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

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 child and infant paddles/pads
- 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 the ETT cuff
- oropharyngeal tubes
- equipment to perform an emergency cricothyroidotomy (needle and surgical)
- appropriate facilities for intravenous therapy and drug administration in paediatric sizes
- drugs for cardiac arrest, coma, seizures and states of shock in paediatric doses, and
- plasma expanders.

Criterion	Comments
	Recommendations

Criterion 16.2.1.1	Patient and staff accommodation and equipment is adequate to meet patient care needs.	
Critical: ..		
Catg: Basic Management + Physical Struct		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 16.2.1.2	Oxygen and vacuum supplies meet the needs of patients for care.	
Critical: ..		
Catg: Basic Management + Physical Struct		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 16.2.1.3	There is evidence that equipment is maintained in accordance with the policies of the organisation.	
Critical: ..		
Catg: Basic Process + Efficiency		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 16.2.1.4	Resuscitation equipment is available in accordance with the policies of the organisation.	
Critical: ɒ		
Catg: Basic Management + Physical Struct		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 16.2.1.5	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.	
Critical: ..		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 16.2.1.6 Critical: ˙˙ Catg: Basic Management + Patient Care **Compliance** 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.	
Criterion 16.2.1.7 Critical: ˙˙ Catg: Basic Management + Physical Struct **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Electricity and water is available in accordance with the policies of the organisation.	
Criterion 16.2.1.8 Critical: ˙˙ Catg: Basic Management + Physical Struct **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	There is a dedicated area for preparing infant feeds.	

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16.3 Clinical Practice Guidelines

16.3.1 Standard

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

Standard Intent: Clinical practice guidelines provide a means for improving quality and they 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 organisational 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 organisational resources. Once implemented, guidelines are reviewed on a regular basis to ensure their continued relevance.

	Criterion	Comments
		Recommendations
Criterion 16.3.1.1 Critical: ·· Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Clinical practice guidelines relevant to the patients and services of the organisation are used to guide patient care processes.	
Criterion 16.3.1.2 Critical: ·· Catg: Evaluation + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The implementation of guidelines is monitored as part of a structured clinical audit.	
Criterion 16.3.1.3 Critical: ·· Catg: Evaluation + Efficiency **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Guidelines are reviewed and adapted on a regular basis after implementation.	

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16.4 Assessment of Patients

16.4.1 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 or department, 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 reassessment. 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
Criterion 16.4.1.1 Critical: ·· Catg: Basic Management + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The organisation implements policies and procedures for assessing patients on admission and during ongoing care.	
Criterion 16.4.1.2 Critical: ·· Catg: Basic Process + Legality **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Only those individuals permitted by applicable laws and regulations or by registration perform the assessments.	
Criterion 16.4.1.3 Critical: ·· Catg: Basic Management + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	The scope and content of assessment by each discipline is defined.	

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Criterion 16.4.1.4	Policies and procedures ensure that assessments are performed within appropriate time frames and that they are adequately documented in the patient records.	
Critical: `..`		
Catg: Basic Management + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

16.4.2 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. Planning for discharge is initiated during the initial assessment 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, those terminally ill or in pain, patients suspected of drug and/or alcohol dependence and victims of abuse and neglect. The assessment process is modified in accordance with national guidelines and protocols. 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.

When the medical 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
Criterion 16.4.2.1	Each patient admitted has an initial assessment that meets organisation policy.	
Critical: `..`		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 16.4.2.2	The initial assessment includes health history.	
Critical: ··		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 16.4.2.3	The initial assessment includes physical examination.	
Critical: ··		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 16.4.2.4	The initial assessment includes functional examination, where applicable.	
Critical: ··		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 16.4.2.5	The initial assessment includes social and economic assessment, where applicable.	
Critical: ··		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 2 Moderate		

Criterion 16.4.2.6	The initial assessment includes psychological assessment, where applicable.	
Critical: ··		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion		
Criterion 16.4.2.7 Critical: ˙˙ Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	The initial assessment includes cultural assessment, where applicable.	
Criterion 16.4.2.8 Critical: ˙˙ Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The initial assessment results in an initial diagnosis.	
Criterion 16.4.2.9 Critical: ˙˙ Catg: Basic Process + Patient Care **Compliance** 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 health needs.	

16.4.3 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
Criterion 16.4.3.1 Critical: ˙˙ Catg: Basic Process + Patient Care **Compliance** 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.	

Criterion 16.4.3.2 Critical: ¨ Catg: Basic Process + Patient Care **Compliance** 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.	
Criterion 16.4.3.3 Critical: ¨ Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Patient needs are prioritised on the basis of assessment results	
Criterion 16.4.3.4 Critical: ¨ Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	The patient and/or his or her family participate in the decisions regarding the priority needs to be met.	

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16.5 Patient Care

16.5.1 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 record.

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

	Criterion	Comments
		Recommendations
Criterion 16.5.1.1 Critical: `` Catg: Basic Process + Patient Care **Compliance** 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.	
Criterion 16.5.1.2 Critical: `` Catg: Basic Process + Patient Care **Compliance** 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.	
Criterion 16.5.1.3 Critical: `` Catg: Basic Process + Patient Care **Compliance** 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.	

Criterion 16.5.1.4	Re-assessments are documented in the patient's record.	
Critical: ``		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		
Criterion 16.5.1.5	The patient's plan of care is modified when the patient's needs change.	
Critical: ``		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

16.5.2 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. Children 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 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 appropriate 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 handling, use and administration of blood and blood products
c)   the management of contaminated blood supplies (expired, opened or damaged container)   d)   the care of patients on life support or those who are comatose   e)   the care of patients with communicable diseases   f)   the care of immuno-suppressed patients   g) the care of patients on dialysis   h)   the use of restraint and the care of patients in restraint i)   the care of young, dependent children   j)   the security of newborn babies.

	Criterion	Comments
		Recommendations
Criterion 16.5.2.1 Critical: `` Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Policies and procedures for identified high-risk patients and procedures, which include at least items a) to j) in the intent statement, are implemented.	

Criterion 16.5.2.2	The personnel are trained and use the policies and procedures to guide care.	
Critical: `..`		
Catg: Basic Process + Patient Care		
Compliance NA NC PC C		
Default Severity for NC or PC = 3 Serious		

16.5.3 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 16.8.

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, consent may be given verbally, by signing a consent form or through some other mechanism. Patients and families understand who may give consent in addition to the patient.

Designated personnel are trained to inform patients/parents/guardians and to obtain and document patient consent, e.g. a medical practitioner for a surgical procedure or a nurse for HIV testing. These staff members clearly explain any proposed treatments or procedures to the patient's parent or guardian. Informed consent includes:
- an explanation of the risks and benefits of the planned procedure
- identification of potential complications
- consideration of the surgical and non-surgical 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 obtaining informed consent.

The consent process always concludes with the patient's parent or guardian signing the consent form, or the documentation of the patient's verbal consent in the patient's record by the individual who provided the information for consent. Documentation includes the statement that the patient's parent or guardian acknowledges full understanding of the information. The patient's surgeon or other qualified individual provides the necessary information and the name of this person appears on the consent form.

	Criterion	Comments
		Recommendations
Criterion 16.5.3.1	There is a documented process for obtaining informed consent.	
Critical: `..`		
Catg: Basic Management + Patient Care		
Compliance NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

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Criterion 16.5.3.2 Critical: ˙˙ Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Patients and parents or guardians are informed about their condition and the proposed treatment.	
Criterion 16.5.3.3 Critical: ˙˙ Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Patients and parents or guardians know the identity of the medical practitioner or other professional practitioner responsible for their care.	
Criterion 16.5.3.4 Critical: ○ Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The information provided is recorded, with the record of the patient having provided written or verbal consent.	

16.5.4 Standard

Pre- and post-operative assessments are documented.

Standard Intent: The pre-operative anaesthetic assessment determines whether the patient is a good candidate for the planned surgery and may significantly influence the pre- and intra-operative management. The clinical assessment and results of investigations must be available to the doctor performing the assessment. In an emergency, the initial medical assessment may be limited to the patient's apparent needs and condition.

Appropriate re-assessments are essential to modify and guide effective treatment.

A patient's post-surgical care is related to the findings and the surgical procedure. The surgical report is available within a time frame needed to provide post-surgical care to the patient. Post-operative monitoring is appropriate to the patient's condition and the procedure performed.

Results of monitoring influence intra- and post-operative decisions such as return to surgery, transfer to another level of care and the need for further investigations or discharge.

	Criterion	Comments
		Recommendations
Criterion 16.5.4.1 Critical: `..` Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The patient's initial medical assessment is documented before anaesthesia.	
Criterion 16.5.4.2 Critical: `..` Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The patient's pre-operative diagnosis is recorded before anaesthesia.	
Criterion 16.5.4.3 Critical: `..` Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	A post-operative diagnosis is documented.	

Criterion 16.5.4.4 Critical: ¨ Catg: Basic Process + Legality **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The name of the surgeon and the names of other personnel as required by law are documented.	
Criterion 16.5.4.5 Critical: ¨ Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The patient's physiological status is monitored during the immediate post-surgery period.	

16.5.5 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 reassessment
- 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
Criterion 16.5.5.1 Critical: ¨ Catg: Basic Process + Patient Care **Compliance** 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.	
Criterion 16.5.5.2 Critical: ¨ Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Patients in pain receive care according to pain management guidelines.	

Criterion 16.5.5.3	Patients and families are educated about pain and pain management.	
Critical: ··		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 16.5.5.4	The organisation has processes to educate health professionals in assessing and managing pain.	
Critical: ··		
Catg: Basic Management + Efficiency		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

16.5.6 Standard

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

Standard Intent: Dying patients have unique needs for respectful and 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:
a)   providing appropriate treatment for any symptoms according to the wishes of the patient and family
b)   sensitively addressing issues such as autopsy and organ donation
c)   involving the patient and family in all aspects of care
d)   responding to the psychological, emotional, spiritual and cultural concerns of the patient and family.

	Criterion	Comments
		Recommendations
Criterion 16.5.6.1	Policies and procedures regarding end-of-life care, at least including elements a) to d) in the intent statement, are implemented.	
Critical: ··		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 16.5.6.2	The patient and the family/guardian are involved in care decisions.	
Critical: `..`		
Catg: Basic Process + Patient Care		
Compliance NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 16.5.6.3	Pain and primary or secondary symptoms are managed.	
Critical: `..`		
Catg: Basic Process + Patient Care		
Compliance NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 16.5.6.4	Interventions address patient and family religious and cultural concerns.	
Critical: `..`		
Catg: Basic Process + Patient Care		
Compliance NA NC PC C		
Default Severity for NC or PC = 3 Serious		

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16.6 Medication

16.6.1 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.

Medications brought into the organisation by the patient or his or her family are known to the patient's physician and are noted in the patient's record.

Criterion	Comments
	Recommendations
Criterion 16.6.1.1 Critical: ˙˙ Catg: Basic Management + Legality **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Policies and procedures that guide the safe prescribing, ordering and administration of medications in the patient care unit are implemented.	
Criterion 16.6.1.2 Critical: ˙˙ Catg: Basic Management + Legality **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The use of verbal/telephonic medication orders is documented.	
Criterion 16.6.1.3 Critical: ˙˙ Catg: Basic Process + Legality **Compliance** 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.	

Criterion 16.6.1.4	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.	
Critical: ¨		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

16.6.2 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
Criterion 16.6.2.1	Only those permitted by the organisation and by relevant laws and regulations administer medications.	
Critical: ¨		
Catg: Basic Process + Legality		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		
Criterion 16.6.2.2	There is evidence that patients are identified before medications are administered.	
Critical: ¨		
Catg: Basic Process + Pat & Staff Safety		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 16.6.2.3 Critical: o Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Medications are checked against the original prescriptions and administered as prescribed.	
Criterion 16.6.2.4 Critical: .. Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Health professionals monitor medication effects on patients collaboratively.	
Criterion 16.6.2.5 Critical: .. Catg: Basic Process + Legality **Compliance** 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.	
Criterion 16.6.2.6 Critical: .. Catg: Basic Process + Pat & Staff Safety **Compliance** 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.	
Criterion 16.6.2.7 Critical: .. Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The medications prescribed for and administered to each patient are recorded.	

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16.6.3 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
Criterion 16.6.3.1 Critical: ·· Catg: Basic Process + Efficiency **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Medication is stored in a locked storage device or cabinet that is accessible only to authorised personnel.	
Criterion 16.6.3.2 Critical: ·· Catg: Basic Process + Legality **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Medications identified for special control (by law or organisational policy) are stored in a cabinet of substantial construction, for which only authorised personnel have the keys.	
Criterion 16.6.3.3 Critical: ○ Catg: Basic Process + Legality **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Medications identified for special control (by law or organisational policy) are accurately accounted for.	
Criterion 16.6.3.4 Critical: ○ Catg: Basic Process + Pat & Staff Safety **Compliance** 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 organisational policy.	

Criterion 16.6.3.5 Critical: `..` Catg: Basic Process + Efficiency **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Medications are stored in a clean environment.	
Criterion 16.6.3.6 Critical: `..` Catg: Basic Management + Efficiency **Compliance** 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.	
Criterion 16.6.3.7 Critical: `..` Catg: Basic Management + Physical Struct **Compliance** 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.	
Criterion 16.6.3.8 Critical: b Catg: Basic Process + Efficiency **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The temperature of the refrigerator is monitored and recorded.	
Criterion 16.6.3.9 Critical: `..` Catg: Basic Process + Efficiency **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Expiry dates are checked (including those of emergency drugs) and drugs are replaced before expiry date.	

16.7 Food and Nutrition Therapy

16.7.1 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
Criterion 16.7.1.1 Critical: ·· Catg: Basic Management + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Food appropriate to the patient is regularly available.	
Criterion 16.7.1.2 Critical: ·· Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	An order for food, based on the patients' nutritional status and needs, is recorded in the patient's file.	
Criterion 16.7.1.3 Critical: ·· Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	When families provide food, they are educated about the patient's diet limitations.	

Criterion 16.7.1.4 Critical: .. Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Patients assessed as being at nutrition risk receive nutrition therapy.	
Criterion 16.7.1.5 Critical: .. Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	A collaborative process is used to plan, deliver and monitor nutrition therapy.	
Criterion 16.7.1.6 Critical: .. Catg: Basic Process + Patient Care **Compliance** 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.	
Criterion 16.7.1.7 Critical: .. Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Response to nutrition therapy is monitored and recorded.	

16.8 Patient and Family Education

16.8.1 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 make care decisions, participate in care and continue care at home. Variables like educational literacy, beliefs and limitations are taken into account.

Each organisation decides on the placement and format for educational assessment, planning and delivery of information in the patient's record.

Education is provided to support care decisions of patients and families. In addition, when a patient or family directly participates in providing care, for example changing dressings, feeding and administration, they need to be educated.

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.

Education in areas that carry high risk to patients is routinely provided by the organisation, for instance instruction in the safe and effective use of medications and medical equipment. Community organisations that support health promotion and disease prevention education are identified and, when possible, ongoing relationships are established.

	Criterion	Comments
		Recommendations
Criterion 16.8.1.1 Critical: .. Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 2 Moderate	Patients and families indicate that they have been informed about the diagnosis.	
Criterion 16.8.1.2 Critical: .. Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 2 Moderate	Patients and families indicate that they have been informed about the management of their condition.	

Criterion 16.8.1.3 Critical: ⠈⠈ Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Patients and families 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.	
Criterion 16.8.1.4 Critical: ⠈⠈ Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 2 Moderate	Patients and families indicate that they have been informed about any financial implications of care decisions.	

16.9 Continuity of Care

16.9.1 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
Criterion 16.9.1.1 Critical: ⠈⠈ Catg: Basic Management + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Policies and procedures that guide the movement of patients within the organisation are implemented.	

Criterion 16.9.1.2	Individuals responsible for the patient's care and its coordination are identified for all phases.	
Critical: ``		
Catg: Basic Management + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 16.9.1.3	Continuity and coordination are evident throughout all phases of patient care.	
Critical: ``		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 16.9.1.4	The record of the patient accompanies the patient when transferred within the organisation.	
Critical: ``		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

16.9.2 Standard

There is a process known to staff 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
Criterion 16.9.2.1	Policies and procedures that guide the movement of patients for referral to another organisation are implemented.	
Critical: ``		
Catg: Basic Management + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

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Criterion 16.9.2.2 Critical: .. Catg: Basic Process + Patient Care **Compliance** 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.
Criterion 16.9.2.3 Critical: .. Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Follow-up care based on the findings of investigations/consultations performed outside the organisation are noted in the patient record.

16.9.3 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 and 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 a brief 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
Criterion 16.9.3.1 Critical: .. Catg: Basic Management + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	There is a documented process for transferring patients to other organisations.	
Criterion 16.9.3.2 Critical: .. Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	The transferring organisation determines that the receiving organisation can meet the patient's continuing care needs and establishes arrangements to ensure continuity.	

Criterion 16.9.3.3 Critical: `` Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	The process for transferring the patient considers transportation needs.	
Criterion 16.9.3.4 Critical: `` Catg: Basic Process + Patient Care **Compliance** 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.	
Criterion 16.9.3.5 Critical: `` Catg: Basic Process + Patient Care **Compliance** 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.	
Criterion 16.9.3.6 Critical: `` Catg: Basic Process + Patient Care **Compliance** 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.	
Criterion 16.9.3.7 Critical: `` Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	The health organisation or other internal unit agreeing to receive the patient is noted in the patient's record.	

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16.9.4 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: a)   the reason for admission   b)   the diagnosis of main and significant illnesses   c)   the results of investigations that will influence further management   d)   all procedures performed   e)   the patient's condition at discharge   f)   discharge medications, and   g)   follow-up arrangements.

	Criterion	Comments
		Recommendations
Criterion 16.9.4.1 Critical: `..` Catg: Basic Management + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	There is a documented process to appropriately discharge patients.	
Criterion 16.9.4.2 Critical: `..` Catg: Basic Process + Patient Care **Compliance** 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.	
Criterion 16.9.4.3 Critical: `..` Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Patients and, as appropriate, their families are given understandable follow-up instructions and this is noted in the patient's record.	

Criterion 16.9.4.4 Critical: ¨ Catg: Basic Process + Patient Care **Compliance** 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 when each patient is discharged.
Criterion 16.9.4.5 Critical: ¨ Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Each record contains a copy of the discharge summary.

16.10 Quality Improvement

16.10.1 Standard

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

Standard Intent: This refers to the implementation of organisational quality improvement processes (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 quality improvement structures or systems. Departmental managers use available data and information to identify priority areas for quality monitoring and improvement.

Quality monitoring could include:
a) patient assessment
b) surgical procedures carried out   c)   the use of antibiotics and other medications and medication errors   d)   the use of anaesthesia   e)   the use of blood and blood products   f) 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
* the 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
Criterion 16.10.1.1 Critical: ·· Catg: Evaluation + Efficiency **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Formalised quality improvement processes for the paediatric care service are developed and agreed upon by the personnel of the service.	
Criterion 16.10.1.2 Critical: ·· Catg: Evaluation + Efficiency **Compliance** 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.	

Criterion 16.10.1.3 Critical: .. Catg: Evaluation + Efficiency **Compliance** 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.	
Criterion 16.10.1.4 Critical: .. Catg: Evaluation + Efficiency **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	A documentation audit system is in place.	

16.11 Patient Rights

16.11.1 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
Criterion 16.11.1.1 Critical: .. Catg: Basic Management + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	There are processes that support patient and family rights during care.	
Criterion 16.11.1.2 Critical: .. Catg: Basic Process + Pat & Staff Safety **Compliance** 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.	

Criterion 16.11.1.3	The personnel respects the rights of patients and families to treatment and to refuse treatment.	
Critical: ··		
Catg: Basic Process + Pat & Staff Safety		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

16.12 Prevention and Control of Infection

16.12.1 Standard

The department/service implements infection prevention and control processes.

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

	Criterion	Comments
		Recommendations
Criterion 16.12.1.1	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		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		
Criterion 16.12.1.2	Infection control processes include prevention of the spread of respiratory tract infections.	
Critical: ··		
Catg: Basic Process + Pat & Staff Safety		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		
Criterion 16.12.1.3	Infection control processes include prevention of the spread of urinary tract infections.	
Critical: ··		
Catg: Basic Process + Pat & Staff Safety		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 16.12.1.4 Critical: ·· Catg: Basic Process + Pat & Staff Safety **Compliance** 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.	
Criterion 16.12.1.5 Critical: ·· Catg: Basic Process + Pat & Staff Safety **Compliance** 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.	

16.13 Risk Management

16.13.1 Standard

The department/service implements risk management processes.

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

	Criterion	Comments
		Recommendations
Criterion 16.13.1.1 Critical: ·· Catg: Basic Process + Pat & Staff Safety **Compliance** 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 the organisational risk management processes.	
Criterion 16.13.1.2 Critical: ·· Catg: Basic Process + Pat & Staff Safety **Compliance** 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.	

Criterion 16.13.1.3	Security measures are in place and are implemented to ensure the safety of patients, personnel and visitors.	
Critical: ˙˙		
Catg: Basic Process + Pat & Staff Safety		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		
Criterion 16.13.1.4	Fire safety measures are implemented.	
Critical: ˙˙		
Catg: Basic Process + Pat & Staff Safety		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		
Criterion 16.13.1.5	The organisation's policy on handling, storing and disposing of health waste is implemented.	
Critical: ˙˙		
Catg: Basic Process + Pat & Staff Safety		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		