BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

23.Outpatient 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: _____

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

Documents Checked
Surveyor: ....
Surveyor: ....

Republic of Botswana

23.1 Coordination of Patient Care

23.1.1 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 23.1.1.1 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 23.1.1.2 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 and registered with the relevant regulatory or professional body.	
Criterion 23.1.1.3 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.	
Criterion 23.1.1.4 Critical: b Catg: Basic Management + Efficiency **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	During the hours of operation there is an adequate number of qualified professionals available to provide continuous cover to all sections at all times.	

Criterion 23.1.1.5	Medical cover is reflected on a roster and each practitioner on the roster is contactable by telephone or pager, or other two-way communication method.	
Critical: ᐟᐟ		
Catg: Basic Management + Efficiency		
Compliance NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 23.1.1.6	Arrangements are in place to ensure that specialist consultation services are available.	
Critical: ᐟᐟ		
Catg: Basic Management + Efficiency		
Compliance NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 23.1.1.7	Mechanisms for contacting medical practitioners who treat private patients in the hospital are known to personnel (with contact numbers of the patient's medical practitioner or their available partners or locums).	
Critical: ᐟᐟ		
Catg: Basic Management + Efficiency		
Compliance NA NC PC C		
Default Severity for NC or PC = 3 Serious		

23.1.2 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, 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.

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 23.1.2.1 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 23.1.2.2 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 23.1.2.3 Critical: ·· Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Information exchanged includes a summary of the care provided.	

Criterion 23.1.2.4	Information exchanged includes the patient's progress.	
Critical: ··		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 23.1.2.5	The author can be identified for each patient record entry.	
Critical: ··		
Catg: Basic Process + Legality		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 23.1.2.6	The date of each patient record entry can be identified.	
Critical: ··		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 23.1.2.7	The time of each patient record entry can be identified.	
Critical: ··		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

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23.1.3 Standard

There is a system to ensure that patients are seen within the shortest possible time.

Standard Intent: Patients have the right to be attended to within the shortest possible time. There is an appointment system and patients who are waiting are advised of any delays that may be experienced in receiving attention. The waiting times are monitored as part of the organisation's quality management and improvement programme. Patients requiring urgent care are identified and attended to immediately.

	Criterion	Comments
		Recommendations
Criterion 23.1.3.1 Critical: `` Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	There is a screening process to separate those patients requiring urgent and emergency care from those requiring on-going routine outpatient services.	
Criterion 23.1.3.2 Critical: `` Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	There is a process of registration for outpatient care and treatment.	
Criterion 23.1.3.3 Critical: `` Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The register contains at least the patient's name, patient-specific identification number, age, gender, date and time of admission, treatment, procedures and condition at discharge, referral or death.	

23.2 Facilities and Equipment

23.2.1 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 ablution facilities for the number of patients in the unit, as determined by national legislation.

There is adequate lighting and ventilation.

Emergency call systems which are connected to the emergency power supply in ablution facilities and consulting rooms should be considered.

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.

	Criterion	Comments
		Recommendations
Criterion 23.2.1.1 Critical: `..` Catg: Basic Management + Physical Struct **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Patient and staff accommodation in the service is adequate to meet patient care needs.	
Criterion 23.2.1.2 Critical: `..` Catg: Basic Management + Physical Struct **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Facilities allow privacy when providing personal information or undergoing examination or procedures.	
Criterion 23.2.1.3 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 23.2.1.4	There is a waiting area for patients and families.	
Critical: `..`		
Catg: Basic Management + Physical Struct		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 23.2.1.5	There is adequate seating in the waiting area.	
Critical: `..`		
Catg: Basic Management + Physical Struct		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

23.2.2 Standard

Clinical areas within the outpatient department are adequate to meet the needs of patients.

Standard Intent: In situations of limited resource most outpatient departments will not be located in a modern, purpose-built facility. However, the clinical areas may be arranged in a way that assists management of most patients.

Resuscitation equipment is immediately available from each section of the department. Resuscitation equipment includes at least:
- A defibrillator with adult paddles/pads (and infant paddle/pads where applicable)
- An ECG monitor
- A CPR board (if required)
- Suction apparatus (electrical and/or alternative) plus range of soft and hard suction catheters
- A bag-mask manual ventilator
- Range of endotracheal tubes and two laryngoscopes with a range of straight and curved blades, spare batteries, spare globes where applicable
- Introducer/stylet for endotracheal intubation
- Syringe to inflate ETT cuff
- Oropharyngeal tubes
- Equipment to perform an emergency crico-thyroidotomy
- Appropriate facilities for intravenous therapy and drug administration (including paediatric sizes)
- Drugs for cardiac arrest, coma, fits and states of shock (including paediatric doses)
- Plasma expanders
- Pulse oximeter.

	Criterion	Comments
		Recommendations
Criterion 23.2.2.1 Critical: ☐ Catg: Basic Management + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	There is a mechanism for the summoning of medical help in an emergency.	
Criterion 23.2.2.2 Critical: ☐ Catg: Basic Management + Physical Struct **Compliance** 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.	

Criterion 23.2.2.3	Oxygen and vacuum supplies meet patient care needs.	
Critical: ··		
Catg: Basic Management + Physical Struct		
Compliance NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 23.2.2.4	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 Management + Physical Struct		
Compliance NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 23.2.2.5	Diagnostic and vital sign monitoring equipment is available as per organisational policy.	
Critical: ··		
Catg: Basic Management + Physical Struct		
Compliance NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 23.2.2.6	There is adequate storage space to enable rapid retrieval and removal of equipment when needed.	
Critical: ··		
Catg: Basic Management + Physical Struct		
Compliance NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 23.2.2.7	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 = 3 Serious		

Criterion 23.2.2.8	There is access to inpatient facilities consistent with the level of care.	
Critical: ··		
Catg: Basic Management + Physical Struct		
Compliance NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

23.3 Clinical Practice Guidelines

23.3.1 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 and 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 23.3.1.1	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		
Compliance NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		
Criterion 23.3.1.2	The implementation of guidelines is monitored as part of a structured clinical audit.	
Critical: ··		
Catg: Evaluation + Patient Care		
Compliance NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 23.3.1.3	Guidelines are reviewed and adapted on a regular basis.	
Critical: ˙˙		
Catg: Evaluation + Efficiency		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

23.4 Assessment of Patients

23.4.1 Standard

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

Standard Intent: When a patient enters an outpatient 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 provide information regarding the need for re-assessment. It is essential that assessments are well documented 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 23.4.1.1	The organisation implements policies and procedures for assessing patients on admission and during on-going care	
Critical: ˙˙		
Catg: Basic Management + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		
Criterion 23.4.1.2	Only those individuals permitted by applicable laws and regulations or by registration appropriate training/experience perform the assessments.	
Critical: ˙˙		
Catg: Basic Process + Legality		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 23.4.1.3	The scope and content of assessment by each discipline is defined.	
Critical: `..`		
Catg: Basic Management + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 23.4.1.4	Assessment findings are documented in the patient's record and are readily available to those responsible for the patient's care.	
Critical: `..`		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

23.5 Diagnostic Services

23.5.1 Standard

Diagnostic imaging services are available to meet patient needs.

Standard Intent: The organisation leaders ensure that appropriate diagnostic imaging facilities are available, that there are radiation safety programmes in place and that individuals with adequate training, skills, orientation and experience are available to undertake X-ray procedures and interpret the results.

The diagnostic imaging service allows for immediate decision-making by practitioners through the provision of emergency services and the provision of emergency reports, as necessary.

	Criterion	Comments
		Recommendations
Criterion 23.5.1.1	Adequate and convenient diagnostic imaging services are available during hours of operation.	
Critical: `..`		
Catg: Basic Management + Efficiency		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 23.5.1.2 Critical: .. Catg: Evaluation + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Established waiting times for diagnostic imaging studies to be done, according to triage status, are monitored.	
Criterion 23.5.1.3 Critical: .. Catg: Evaluation + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Established waiting times for diagnostic images to be available are monitored.	
Criterion 23.5.1.4 Critical: .. Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Where X-rays are initially read by emergency unit medical staff, there is a clearly-defined system for review by appropriately qualified diagnostic imaging staff, when required.	

23.5.2 Standard

The outpatient department is adequately supported by clinical laboratory services.

Standard Intent: This set of standards recognises that many centres will rely on external laboratory facilities; in this situation, services, transport systems and expected time for results should be established.

Whatever the arrangement, it is expected that laboratory services will be available 24/7 and should be on site or in close proximity to the emergency unit.

"Point of care" or "bedside" tests are performed within the outpatient department by non-laboratory staff and give rapid results. They are particularly important where laboratory facilities are not available on the premises; transport time to external facilities can be a major factor delaying appropriate treatment or discharge from the emergency unit. Determination of blood glucose, either finger-prick haemoglobin or haematocrit testing, and urine testing are considered essential for an outpatient department. Centres in areas where malaria is endemic, or where tourists are frequently seen, should also have rapid antigen-based tests for the diagnosis of Falciparum malaria. Training and quality control are required for all point of care tests.

 The majority of urgent clinical decisions can be made based on the results of point of care testing outlined above; however, emergency centres require urgent laboratory services for the provision of specialised testing.

	Criterion	Comments
		Recommendations
Criterion 23.5.2.1 Critical: `..` Catg: Basic Management + Efficiency **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Laboratory services are available during hours of operation.	
Criterion 23.5.2.2 Critical: `..` Catg: Evaluation + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Established waiting times for laboratory tests to be done, according to triage status, are monitored.	
Criterion 23.5.2.3 Critical: `..` Catg: Evaluation + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Established waiting times for laboratory results to be available are monitored.	

23.6 Patient Care

23.6.1 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: 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 staff members are trained to inform patients and to obtain and document patient consent. 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 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 the obtaining of informed consent.

The consent process always concludes with the patient 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 acknowledged 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 23.6.1.1 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 the obtaining of informed consent.	
Criterion 23.6.1.2 Critical: ·· Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Patients are informed about their condition, and the proposed treatment.	

Criterion 23.6.1.3 Critical: ˙˙ Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Patients know the identity of the physician or other practitioner responsible for their care.	
Criterion 23.6.1.4 Critical: b 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.	

23.6.2 Standard

Minor invasive procedures performed in the outpatient department are controlled by policy.

Standard Intent: Patients attending the outpatient department may require invasive procedures such as biopsies, aspirations.

Policies are required to define who should be doing these procedures to ensure that they are performed based on clinical need and to control sterility of the procedure. Persons performing invasive procedures are appropriately trained.

Adverse events resulting from invasive procedures should be documented.

	Criterion	Comments
		Recommendations
Criterion 23.6.2.1 Critical: ˙˙ Catg: Basic Management + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Protocols guide medication use for sedation, pain and anaesthesia.	

Criterion 23.6.2.2	Protocols address appropriate monitoring during and after the procedure.	
Critical: ˙˙		
Catg: Basic Management + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 23.6.2.3	The procedure and the name of the person performing the procedure are recorded 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		

23.6.3 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 23.6.3.1	The assessment process makes provision for patients in pain to be identified.	
Critical: ˙˙		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		
Criterion 23.6.3.2	Patients in pain receive care according to pain management guidelines.	
Critical: ᑐ		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 23.6.3.3	Patients and families are educated about pain and pain management.	
Critical: ··		
Catg: Basic Management + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 23.6.3.4	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		

23.7 Medication

23.7.1 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
Criterion 23.7.1.1	Policies and procedures that guide the safe prescribing, ordering, storage and administration of medications are implemented.	
Critical: ··		
Catg: Basic Management + Legality		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 23.7.1.2 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 23.7.1.3 Critical: ¨ Catg: Basic Management + Patient Care **Compliance** 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 prescribe medication.	
Criterion 23.7.1.4 Critical: ¨ Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Medications, including herbal, tradional and over-the-counter medications, brought into the organisation by the patient or the family are known to the patient's doctor and are noted in the patient's record.	

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23.7.2 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, doctor , 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 23.7.2.1 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 laws and regulations administer medications.	
Criterion 23.7.2.2 Critical: .. Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	There is evidence that patients are identified before medications are administered.	
Criterion 23.7.2.3 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 23.7.2.4 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 23.7.2.5 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 23.7.2.6 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 23.7.2.7 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.	
Criterion 23.7.2.8 Critical: ·· Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Where prescribed medications are not available for administration, this is noted in the patient record.	

23.7.3 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 23.7.3.1 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 23.7.3.2 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 23.7.3.3 Critical: o 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 23.7.3.4 Critical: ˙˙ Catg: Basic Process + Legality **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 law and organisational policy.	

Criterion 23.7.3.5 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 23.7.3.6 Critical: `..` Catg: Basic Process + 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 23.7.3.7 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 23.7.3.8 Critical: ○ 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 23.7.3.9 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.	

23.8 Patient and Family Education

23.8.1 Standard

Each patient receives relevant education, which is written in his or her record.

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, on-going relationships are established.

	Criterion	Comments
		Recommendations
Criterion 23.8.1.1 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 their diagnosis.	
Criterion 23.8.1.2 Critical: ˙˙ Catg: Basic Process + Patient Care **Compliance** 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.	
Criterion 23.8.1.3 Critical: ˙˙ Catg: Basic Process + Patient Care **Compliance** 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.	

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Criterion 23.8.1.4	Patients and families indicate that they have been informed about any financial implications of care decisions.	
Critical: ··		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 2 Moderate		

23.9 Continuity of Care

23.9.1 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 23.9.1.1	Established criteria or policies that determine the appropriateness of transfers within the organisation are implemented.	
Critical: ··		
Catg: Basic Management + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		
Criterion 23.9.1.2	Individuals responsible for the patient's care and its coordination are identified for all phases.	
Critical: ··		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 23.9.1.3	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 23.9.1.4	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		

23.9.2 Standard

There is a process for admitting patients to inpatient facilities.

Standard Intent: The time that patients spend waiting for transfer to inpatient facilities should be minimised. Not only is this in the interest of patients' comfort and definitive management, but long holding times have a significant impact on the functioning of the emergency centre, using space, resources and nursing time. Admission delays are often the result of system failures and processes should be designed to deal with this. The emergency centre can become congested when there is a lack of inpatient beds. Certain strategies may be implemented to manage inpatient beds more efficiently, such as more frequent consultant ward rounds, and an "escalation policy" to address periods of particular overcrowding can be developed in advance with inpatient personnel.

	Criterion	Comments
		Recommendations
Criterion 23.9.2.1 Critical: ·· Catg: Basic Management + Efficiency **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	There is a process, known to staff, for admitting patients to the organisation.	
Criterion 23.9.2.2 Critical: ·· Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	The unit which accepts the patient for admission is noted in the patient record.	

Criterion 23.9.2.3 Critical: ·· Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The time of transfer is recorded.	
Criterion 23.9.2.4 Critical: ·· Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Policies and procedures that address the management of patients when bed space is not available in the desired service or unit or elsewhere in the facility are implemented.	

23.9.3 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 23.9.3.1 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 for referral to another organisation are implemented.	
Criterion 23.9.3.2 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 23.9.3.3	Follow-up care, based on the findings of investigations/consultations performed outside the organisation, is noted in the patient record.	
Critical: ··		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

23.9.4 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 for 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.

In a well-organised system, the capabilities of individual organisations will be catalogued and coordinated so that arrangements will already exist with units to which the facility frequently refers. When transfer criteria and processes are formally agreed in advance, patients are more likely to receive appropriate emergency care when their needs exceed the capabilities of the facility.

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.

Appropriate information should accompany the patient, including at least:
- The reason for transfer
- Any special conditions related to transfer
- The condition of the patient before transfer
- Any interventions provided by the referring organisation.

	Criterion	Comments
		Recommendations
Criterion 23.9.4.1	There is a documented process for transferring patients to other organisations.	
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 23.9.4.2	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		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 23.9.4.3	The process for transferring the patient considers transportation needs.	
Critical: ¨		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 23.9.4.4	The process determines that patients are accompanied and monitored by an appropriately qualified person during transfer.	
Critical: ¨		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 23.9.4.5	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.	
Critical: ¨		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 23.9.4.6	A copy of the transfer summary is available in the patient record.	
Critical: ○		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 23.9.4.7 Critical: ˙˙ Catg: Basic Process + Patient Care **Compliance** 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.	

23.9.5 Standard

There is an organised process to appropriately discharge patients who no longer require treatment or follow-up care at the facility.

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 care at another facility, e.g. primary health clinic, must be clear and provided in writing.
The discharge note 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 note contains at least:
a) the diagnosis of main and significant illnesses
b) the results of investigations that will influence further management
c) all procedures performed
d) the patient's condition at discharge
e) discharge medications and follow-up arrangements.

	Criterion	Comments
		Recommendations
Criterion 23.9.5.1 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 23.9.5.2 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 23.9.5.3	Patients and, as appropriate, their families are given understandable follow-up instructions and this is noted 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 23.9.5.4	A discharge note, which includes at least items a) to e) in the intent statement, is written by the medical practitioner when each patient is discharged.	
Critical: ··		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		
Criterion 23.9.5.5	Each record contains a copy of the discharge summary.	
Critical: ··		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

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23.10 Quality Improvement

23.10.1 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)   the use of antibiotics and other medications and medication errors
c)   the availability, contents and use of patient records
d)   waiting times
e)   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 23.10.1.1 Critical: .. Catg: Evaluation + Efficiency **Compliance** 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.	
Criterion 23.10.1.2 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 23.10.1.3	The quality improvement cycle includes the monitoring and evaluation of the standards set and the remedial action implemented.	
Critical: ..		
Catg: Evaluation + Efficiency		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		
Criterion 23.10.1.4	A documentation audit system is in place.	
Critical: ..		
Catg: Evaluation + Efficiency		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

23.11 Patient Rights

23.11.1 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 23.11.1.1	There are processes that support patient and family rights during care.	
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 23.11.1.2 Critical: ·· Catg: Basic Process + Patient Care **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 23.11.1.3 Critical: ·· Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The personnel respect the rights of patients and families to treatment and to refuse treatment.

23.12 Prevention and Control of Infection

23.12.1 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 23.12.1.1 Critical: ·· Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The department identifies the procedures and processes associated with the risk of infection and implements strategies to reduce risk.	
Criterion 23.12.1.2 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 respiratory tract infections.	

Criterion 23.12.1.3 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 urinary tract infections.	
Criterion 23.12.1.4 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 23.12.1.5 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.	

23.13 Risk Management

23.13.1 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 23.13.1.1 Critical: `` Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The department conducts on-going monitoring of risks through documented assessments as part of organisational risk management processes.	

Criterion 23.13.1.2	A system for monitoring incidents/near misses/sentinel/adverse events is available and includes the documentation of interventions and responses to recorded incidents.	
Critical: ˙˙		
Catg: Basic Process + Pat & Staff Safety		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 23.13.1.3	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 23.13.1.4	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 23.13.1.5	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		