



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

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

<p><b><u>Documents Checked</u></b></p> <p>Surveyor: .....</p> <p>Surveyor: .....</p>
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## 24. Combined Outpatient and Emergency Service

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# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

### 24.1 Coordination of Patient Care

#### 24.1.1 Standard

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

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

	Criterion	Comments
		Recommendations
<b>Criterion 24.1.1.1</b> Critical: .. Catg: Basic Management + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	The individuals responsible for the patient's care are designated.	
<b>Criterion 24.1.1.2</b> Critical: .. Catg: Basic Management + Legality <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	The individuals responsible for the patient's care are qualified and registered with the relevant regulatory or professional body.	
<b>Criterion 24.1.1.3</b> Critical: .. Catg: Basic Management + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	The individuals responsible for the patient's care are identified and made known to the patient and other personnel.	
<b>Criterion 24.1.1.4</b> Critical: 0 Catg: Basic Management + Efficiency <b>Compliance</b> 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.	



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<p><b>Criterion 24.1.1.5</b></p> <p>Critical: ..</p> <p>Catg: Basic Management + Efficiency</p> <p style="text-align: center;"><b>Compliance</b></p> <p style="text-align: center;">NA    NC    PC    C</p> <p>Default Severity for NC or PC = 4 Very Serious</p>	<p>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.</p>	
<p><b>Criterion 24.1.1.6</b></p> <p>Critical: ..</p> <p>Catg: Basic Management + Efficiency</p> <p style="text-align: center;"><b>Compliance</b></p> <p style="text-align: center;">NA    NC    PC    C</p> <p>Default Severity for NC or PC = 3 Serious</p>	<p>Arrangements are in place to ensure that adequate specialist consultation services are available.</p>	
<p><b>Criterion 24.1.1.7</b></p> <p>Critical: ..</p> <p>Catg: Basic Management + Efficiency</p> <p style="text-align: center;"><b>Compliance</b></p> <p style="text-align: center;">NA    NC    PC    C</p> <p>Default Severity for NC or PC = 3 Serious</p>	<p>Mechanisms for contacting doctors who treat private patients in the hospital are known to staff (with contact numbers of the patient's doctor or their available partners or locums).</p>	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

### 24.1.2 Standard

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

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

The patient, family and others are included in the decision process when appropriate. The patient's record contains a history of all care provided by the multidisciplinary/interdisciplinary team, and is made available to all relevant caregivers who are authorised to have access to its content.

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

	Criterion	Comments
		Recommendations
<b>Criterion 24.1.2.1</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The patient's clinical records are completed according to guidelines determined by the organisation.	
<b>Criterion 24.1.2.2</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The patient's records are up to date to ensure the transfer of the latest information between care providers.	
<b>Criterion 24.1.2.3</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Information exchanged includes a summary of the care provided.	



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<b>Criterion 24.1.2.4</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Information exchanged includes the patient's progress.	
<b>Criterion 24.1.2.5</b> Critical: '' Catg: Basic Process + Legality <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	The author can be identified for each patient record entry.	
<b>Criterion 24.1.2.6</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The date of each patient record entry can be identified.	
<b>Criterion 24.1.2.7</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The time of each patient record entry can be identified.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

### 24.1.3 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
<b>Criterion 24.1.3.1</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	There is a screening process to separate those patients requiring urgent and emergency care from those requiring on-going routine outpatient services.	
<b>Criterion 24.1.3.2</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Those patients identified as requiring emergency care are formally triaged according to organisational policy.	
<b>Criterion 24.1.3.3</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	There is a process of registration for outpatient care and treatment.	
<b>Criterion 24.1.3.4</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> 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, diagnosis, treatment, procedures, condition at discharge, referral or death.	



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<b>Criterion 24.1.3.5</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 2 Moderate	There is a clearly-defined appointment system for routine on-going outpatient care.	
<b>Criterion 24.1.3.6</b> Critical: 0 Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	There is a system for fast-tracking the very ill, the elderly and frail, pregnant women, and children under five years of age.	
<b>Criterion 24.1.3.7</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Patients who are waiting are advised of any delays that may be experienced in receiving attention.	
<b>Criterion 24.1.3.8</b> Critical: .. Catg: Evaluation + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Waiting times are monitored as part of the organisation's quality management and improvement programme.	





# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

### 24.2 Facilities and Equipment

#### 24.2.1 Standard

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

**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 adequate lighting and ventilation.

Emergency call systems are available in consulting rooms 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 room is provided with a socket outlet that is connected to the emergency power supply.

	Criterion	Comments
		Recommendations
<b>Criterion 24.2.1.1</b> Critical: .. Catg: Basic Management + Physical Struct <b>Compliance</b> 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.	
<b>Criterion 24.2.1.2</b> Critical: .. Catg: Basic Management + Physical Struct <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	Facilities allow privacy when providing personal information or undergoing examination or procedures.	
<b>Criterion 24.2.1.3</b> Critical: .. Catg: Basic Management + Physical Struct <b>Compliance</b> 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.	



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<b>Criterion 24.2.1.4</b> Critical: '' Catg: Basic Management + Physical Struct <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	There is a waiting area for patients and families.	
<b>Criterion 24.2.1.5</b> Critical: '' Catg: Basic Management + Physical Struct <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	There is adequate seating in the waiting area.	
<b>Criterion 24.2.1.6</b> Critical: '' Catg: Basic Management + Physical Struct <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Wheelchair-accessible toilets are available.	
<b>Criterion 24.2.1.7</b> Critical: '' Catg: Basic Management + Physical Struct <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Quiet and private areas are available for waiting relatives and grieving or otherwise distressed relatives or carers.	
<b>Criterion 24.2.1.8</b> Critical: '' Catg: Basic Management + Physical Struct <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	There is access to a functioning public telephone facility for use by the public.	



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## 24. Combined Outpatient and Emergency Service

### 24.2.2 Standard

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

**Standard Intent:** In situations of limited resources 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 the most critical patients. There should be a designated resuscitation area.

	Criterion	Comments
		Recommendations
<b>Criterion 24.2.2.1</b> Critical: .. Catg: Basic Management + Physical Struct <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	There is a designated resuscitation area.	
<b>Criterion 24.2.2.2</b> Critical: .. Catg: Basic Management + Physical Struct <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	There is a mechanism for summoning medical help in an emergency.	
<b>Criterion 24.2.2.3</b> Critical: .. Catg: Basic Management + Physical Struct <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	Oxygen and vacuum supplies meet patient care needs.	
<b>Criterion 24.2.2.4</b> Critical: <input type="checkbox"/> Catg: Basic Process + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	Where there are no piped oxygen installations, there is a documented procedure for ensuring that cylinder pressures (i.e. contents) are monitored according to organisational policy while patients are receiving oxygen.	



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<b>Criterion 24.2.2.5</b> Critical: '' Catg: Basic Management + Physical Struct <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	There is adequate storage space to enable rapid retrieval and removal of equipment when needed.	
<b>Criterion 24.2.2.6</b> Critical: '' Catg: Basic Process + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	There is evidence that equipment is maintained in accordance with the policies of the organisation.	
<b>Criterion 24.2.2.7</b> Critical: '' Catg: Basic Management + Physical Struct <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Each patient in the emergency unit has access to a nurse call system at all times.	
<b>Criterion 24.2.2.8</b> Critical: '' Catg: Basic Management + Physical Struct <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	There is a low pressure, hand-held shower suitable for the management of patients contaminated with hazardous materials.	
<b>Criterion 24.2.2.9</b> Critical: '' Catg: Basic Management + Physical Struct <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	There is access to inpatient facilities consistent with the level of care.	



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### 24.2.3 Standard

**Resuscitation equipment is available in accordance with the policies of the organisation.**

**Standard Intent:** Resuscitation equipment must be available in the ward/unit and must be checked in accordance with the organisation's resuscitation policy. Checking must include expiry dates on medications and consumables such as airways and endotracheal tubes. Recorded evidence of this checking is required.

A resuscitation trolley should be 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.

It is important to carry a range of adult and paediatric size equipment and a reasonable selection within each range. National arrangements will apply.

Resuscitation equipment is immediately available from each section of the ward.

Resuscitation equipment includes at least:

- A defibrillator with adult paddles/pads (and infant paddles/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
- Bag-mask manual ventilators in an appropriate number to suit the size of the facility
- 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 (needle and surgical)
- 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
<b>Criterion 24.2.3.1</b> Critical: <input type="checkbox"/> Catg: Basic Management + Physical Struct <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	Resuscitation equipment is available in accordance with the policies of the organisation.	
<b>Criterion 24.2.3.2</b> Critical: <input type="checkbox"/> Catg: Basic Management + Physical Struct <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	Recommended appliances are available for specialised resuscitations.	



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<b>Criterion 24.2.3.3</b>	Diagnostic and vital sign monitoring equipment is available as per organisational policy.	
Critical: ''		
Catg: Basic Management + Physical Struct		
<b>Compliance</b>		
<b>NA    NC    PC    C</b>		
Default Severity for NC or PC = 4 Very Serious		

### 24.2.4 Standard

*There is a rest area for personnel in close proximity to the clinical areas.*

**Standard Intent:** Rest areas for personnel are adequately equipped to allow personnel to remain in the vicinity of the unit at all times. The type of facilities provided will vary between units and will depend on the length of shifts undertaken and access to other refreshment facilities.

	Criterion	Comments
		Recommendations
<b>Criterion 24.2.4.1</b>	There is an adequately equipped kitchen, with at least a kettle, toaster and microwave.	
Critical: ''		
Catg: Basic Management + Physical Struct		
<b>Compliance</b>		
<b>NA    NC    PC    C</b>		
Default Severity for NC or PC = 2 Moderate		
<b>Criterion 24.2.4.2</b>	There are rest room facilities for staff including a changing area, staff toilet and hand-washing facilities.	
Critical: ''		
Catg: Basic Management + Physical Struct		
<b>Compliance</b>		
<b>NA    NC    PC    C</b>		
Default Severity for NC or PC = 2 Moderate		
<b>Criterion 24.2.4.3</b>	Where staff undertake 24 hour shifts, there are sleeping and shower facilities.	
Critical: ''		
Catg: Basic Management + Physical Struct		
<b>Compliance</b>		
<b>NA    NC    PC    C</b>		
Default Severity for NC or PC = 4 Very Serious		



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<b>Criterion 24.2.4.4</b>	The staff rest area is equipped with a telephone or intercom system.	
Critical: ..		
Catg: Basic Management + Physical Struct		
<b>Compliance</b>		
NA    NC    PC    C		
Default Severity for NC or PC = 4 Very Serious		

### 24.3 Visitor Control

#### 24.3.1 Standard

*A system of visitor control is maintained to ensure the safety of patients and staff.*

**Standard Intent:** Controlling visitors' access to the unit is important, not only as a security precaution but because anxious relatives in clinical areas can impede delivery of services. Additionally, community emergencies, VIP admissions and other newsworthy events may lead to invasion by the media. Policies should be available to guide all staff, but clerical and security staff are particularly important in implementing visitor control.

	Criterion	Comments
		Recommendations
<b>Criterion 24.3.1.1</b>	The organisation's policy on visitors to the emergency unit is implemented.	
Critical: ..		
Catg: Basic Process + Efficiency		
<b>Compliance</b>		
NA    NC    PC    C		
Default Severity for NC or PC = 3 Serious		
<b>Criterion 24.3.1.2</b>	There is a system to inform patients and family of the visitors' policy.	
Critical: ..		
Catg: Basic Process + Efficiency		
<b>Compliance</b>		
NA    NC    PC    C		
Default Severity for NC or PC = 4 Very Serious		
<b>Criterion 24.3.1.3</b>	Areas where access is denied to persons other than staff members are clearly marked.	
Critical: ..		
Catg: Basic Management + Physical Struct		
<b>Compliance</b>		
NA    NC    PC    C		
Default Severity for NC or PC = 4 Very Serious		



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<b>Criterion 24.3.1.4</b> Critical: .. Catg: Basic Process + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	The discretionary powers of the staff in charge of the service relating to visitors under special circumstances are documented.	
<b>Criterion 24.3.1.5</b> Critical: .. Catg: Basic Process + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Policies regarding media invasion are implemented to guide clinical and security staff.	

### 24.4 Patient Registers

#### 24.4.1 Standard

*Patient registers are kept and comply with national requirements and/or organisational policy.*

**Standard Intent:** Organisations may be required by law and regulation to maintain registers of patients attending the emergency unit and patients receiving radiological investigations. Attendance registers should include mode of arrival, time of arrival, name, date, treatment administered and information on final disposition (admission, discharge, death or transfer).

	Criterion	Comments
		Recommendations
<b>Criterion 24.4.1.1</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	A register is kept of patients attending the emergency unit.	
<b>Criterion 24.4.1.2</b> Critical: 0 Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The register contains at least the patient's name, patient-specific identification number, age, gender, date and time of admission, treatment, procedures, discharge, referral or death.	





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<b>Criterion 24.4.1.3</b>	The information in the register is used to monitor waiting periods from time of arrival to time of assessment.	
Critical: ..		
Catg: Evaluation + Efficiency		
<b>Compliance</b>		
<b>NA    NC    PC    C</b>		
Default Severity for NC or PC = 4 Very Serious		

## 24.5 Clinical Practice Guidelines

### 24.5.1 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
<b>Criterion 24.5.1.1</b>	Clinical practice guidelines relevant to the patients and services of the organisation are available to guide patient care processes.	
Critical: ..		
Catg: Basic Process + Patient Care		
<b>Compliance</b>		
<b>NA    NC    PC    C</b>		
Default Severity for NC or PC = 4 Very Serious		
<b>Criterion 24.5.1.2</b>	Clinical practice guidelines include protocols for time-critical states.	
Critical: ..		
Catg: Basic Process + Patient Care		
<b>Compliance</b>		
<b>NA    NC    PC    C</b>		
Default Severity for NC or PC = 4 Very Serious		



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<b>Criterion 24.5.1.3</b> Critical: .. Catg: Evaluation + Patient Care <b>Compliance</b> 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.	
<b>Criterion 24.5.1.4</b> Critical: .. Catg: Evaluation + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Guidelines are reviewed and adapted on a regular basis.	

## 24.6 Assessment of Patients

### 24.6.1 Standard

*The organisation has a formal triage process which uses written guidelines to determine urgency.*

**Standard Intent:** This standard refers to initial screening/triage by either a medical practitioner or registered nurse. In urgent cases, initial management will take place simultaneously with assessment. When an assessment is partially or entirely completed outside the organisation, the findings are verified on admission to the organisation.

It is essential that triage assessments be properly documented and legible and that they can be easily retrieved from the patient's record.

The triage assessment should take place within time frames established by the professional societies or the health organisation for the identification of patients with immediate needs, e.g.

Red Patients: Immediate  
 Orange Patients: Less than 20 minutes  
 Yellow Patients: Less than 60 minutes  
 Green Patients: Less than 240 minutes

	Criterion	Comments
		Recommendations
<b>Criterion 24.6.1.1</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Clinical records of emergency patients include the time of arrival.	



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<b>Criterion 24.6.1.2</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The triage category for each patient is recorded.	
<b>Criterion 24.6.1.3</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Clinical records of emergency patients include time of referral to medical practitioner.	
<b>Criterion 24.6.1.4</b> Critical: 0 Catg: Evaluation + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Waiting times from triage categorisation to initial assessment are monitored.	



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## 24. Combined Outpatient and Emergency Service

### 24.6.2 Standard

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

**Standard Intent:** When a patient enters the Emergency Unit, 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. Assessments must be completed with due regard to privacy; this is particularly important when the patient is a victim of social or sexual violence.

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.

The health organisation determines the time frame for completing assessments. When an assessment is partially or entirely completed outside the organisation, the findings are verified on admission to the organisation.

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

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

Certain patients may require a modified assessment, e.g. very young patients, the frail or elderly, those 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 local custom. 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
<b>Criterion 24.6.2.1</b>	The organisation implements policies and procedures for assessing patients on admission and during on-going care.	
Critical: ..		
Catg: Basic Management + Patient Care		
<b>Compliance</b>		
<b>NA    NC    PC    C</b>		
Default Severity for NC or PC = 4 Very Serious		



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

<b>Criterion 24.6.2.2</b> Critical: '' Catg: Basic Process + Legality <b>Compliance</b> 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 and appropriate training/experience perform the assessments.	
<b>Criterion 24.6.2.3</b> Critical: '' Catg: Basic Management + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	The scope and content of assessment by each discipline is defined.	
<b>Criterion 24.6.2.4</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Assessment findings are documented in the patient's clinical record and are readily available to those responsible for the patient's care.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

### 24.7 Diagnostic Services

#### 24.7.1 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
<b>Criterion 24.7.1.1</b> Critical: .. Catg: Basic Management + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Adequate and convenient diagnostic imaging services are available at all times.	
<b>Criterion 24.7.1.2</b> Critical: .. Catg: Evaluation + Patient Care <b>Compliance</b> 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.	
<b>Criterion 24.7.1.3</b> Critical: .. Catg: Evaluation + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Established waiting times for diagnostic images to be available are monitored.	
<b>Criterion 24.7.1.4</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	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.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

### 24.7.2 Standard

*The emergency unit is adequately supported by clinical laboratory services.*

**Standard Intent:** Laboratory services, including those required for emergencies and after-hours, may be provided within the organisation, by agreement with another organisation or both if outside sources are convenient for the patient to access. 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 units require urgent laboratory services for the provision of specialised testing.

	Criterion	Comments
		Recommendations
<b>Criterion 24.7.2.1</b> Critical: 0 Catg: Basic Management + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	Laboratory services are available at all times.	
<b>Criterion 24.7.2.2</b> Critical: .. Catg: Evaluation + Patient Care <b>Compliance</b> 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.	
<b>Criterion 24.7.2.3</b> Critical: .. Catg: Evaluation + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	Established waiting times for laboratory results to be available are monitored.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

### 24.8 Patient Care

#### 24.8.1 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
<b>Criterion 24.8.1.1</b> Critical: .. Catg: Basic Management + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	There is a documented process for the obtaining of informed consent.	
<b>Criterion 24.8.1.2</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	Patients and their families or decision-makers receive adequate information to enable them to participate in care decisions.	





# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

<b>Criterion 24.8.1.3</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Patients are informed about their condition and the proposed treatment.	
<b>Criterion 24.8.1.4</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Patients know the identity of the medical practitioner or other practitioner responsible for their care.	
<b>Criterion 24.8.1.5</b> Critical: 0 Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The information provided is recorded, with the record of the patient having provided written or verbal consent.	

### 24.8.2 Standard

***Invasive procedures and minor operations performed in the emergency centre are controlled by policy***

**Standard Intent:** Patients attending the emergency centre may require invasive procedures such as aspirations, biopsies, central venous cannulation or tube thoracostomy. 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. Adverse events resulting from invasive procedures should be documented.

	Criterion	Comments
		Recommendations
<b>Criterion 24.8.2.1</b> Critical: .. Catg: Basic Management + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Protocols address appropriate monitoring during and after the procedure.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

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## 24. Combined Outpatient and Emergency Service

<b>Criterion 24.8.2.2</b> Critical: .. Catg: Basic Management + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Persons performing invasive procedures are appropriately trained.	
<b>Criterion 24.8.2.3</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The procedure and the name of the person performing the procedure are recorded in the patient's record.	
<b>Criterion 24.8.2.4</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Unsuccessful or complicated procedures are recorded.	

### 24.8.3 Standard

#### *Post-procedure assessments are documented.*

**Standard Intent:** 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
<b>Criterion 24.8.3.1</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	A post-operative diagnosis is documented.	



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# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

<b>Criterion 24.8.3.2</b> Critical: .. Catg: Basic Process + Legality <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The name of the medical practitioner and the names of other personnel as required by law are documented.	
<b>Criterion 24.8.3.3</b> Critical: 0 Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The patient's physiological status is monitored during the immediate post-surgery period.	

### 24.8.4 Standard

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

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

The organisation has processes to:

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

	Criterion	Comments Recommendations
<b>Criterion 24.8.4.1</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Patients in pain receive care according to pain management guidelines.	
<b>Criterion 24.8.4.2</b> Critical: 0 Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Patients and families are educated about pain and pain management.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

<b>Criterion 24.8.4.3</b>	The organisation has processes to educate health professionals in assessing and managing pain.	
Critical: ..		
Catg: Basic Process + Patient Care		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 3 Serious		

### 24.8.5 Standard

*There is access to emergency blood and blood products in accordance with organisational policy.*

**Standard Intent:** Major centres are required to have a blood bank on the premises. Other facilities should have emergency blood on site with access to banked blood within one hour. Regional and district centres should have at least four units of on-site blood; two units are considered minimum requirement for primary centres.

The type and amount of emergency blood and blood products to be kept on site will be determined by organisational policy. Emergency blood may, in some facilities, not be kept in the emergency care unit but in another department. Arrangements for access at all times must form part of the organisational policy.

	Criterion	Comments
		Recommendations
<b>Criterion 24.8.5.1</b>	Emergency blood is available at all times.	
Critical: ..		
Catg: Basic Management + Efficiency		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 4 Very Serious		
<b>Criterion 24.8.5.2</b>	There is a designated refrigerator for emergency blood and blood products.	
Critical: ..		
Catg: Basic Management + Physical Struct		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 4 Very Serious		
<b>Criterion 24.8.5.3</b>	The temperature of the refrigerator is measured and recorded daily.	
Critical: ..		
Catg: Basic Process + Efficiency		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 4 Very Serious		



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

<b>Criterion 24.8.5.4</b>	Emergency blood is subject to stock control, which includes the replacement of stock before its expiry date.	
Critical: ..		
Catg: Basic Process + Efficiency		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 4 Very Serious		

### 24.9 Medication

#### 24.9.1 Standard

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

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

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

	Criterion	Comments
		Recommendations
<b>Criterion 24.9.1.1</b>	Policies and procedures that guide the safe prescribing, ordering, storage, dispensing and administration of medications are implemented.	
Critical: ..		
Catg: Basic Management + Legality		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 4 Very Serious		
<b>Criterion 24.9.1.2</b>	Policies and procedures that guide dispensing of medications in the unit are implemented.	
Critical: ..		
Catg: Basic Management + Legality		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 4 Very Serious		



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# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

<b>Criterion 24.9.1.3</b> Critical: '' Catg: Basic Management + Legality <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The use of verbal/telephonic medication orders is documented.	
<b>Criterion 24.9.1.4</b> Critical: '' Catg: Basic Process + Legality <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Only those permitted by the organisation and by relevant laws and regulations prescribe medication.	
<b>Criterion 24.9.1.5</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Medications, including herbal and over-the-counter medications, brought into the organisation by the patient or the family are known to the patient's physician and are noted in the patient's record.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

### 24.9.2 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
<b>Criterion 24.9.2.1</b> Critical: .. Catg: Basic Process + Legality <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Only those permitted by the organisation and by relevant laws and regulations administer medications.	
<b>Criterion 24.9.2.2</b> Critical: .. Catg: Basic Process + Pat & Staff Safety <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	There is evidence that patients are identified before medications are administered.	
<b>Criterion 24.9.2.3</b> Critical: 0 Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Medications are checked against the original prescriptions and administered as prescribed.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

<b>Criterion 24.9.2.4</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Health professionals monitor medication effects on patients collaboratively.	
<b>Criterion 24.9.2.5</b> Critical: .. Catg: Basic Process + Legality <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Adverse Drug Reactions (ADR) are observed, recorded and reported through a process and within a time frame defined by the organisation.	
<b>Criterion 24.9.2.6</b> Critical: .. Catg: Basic Process + Pat & Staff Safety <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Medication errors are reported through a process and within a time frame defined by the organisation.	
<b>Criterion 24.9.2.7</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The medications prescribed for and administered to each patient are recorded.	
<b>Criterion 24.9.2.8</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Where prescribed medications are not available for administration, this is noted in the patient record.	





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# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

### 24.9.3 Standard

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

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

	Criterion	Comments
		Recommendations
<b>Criterion 24.9.3.1</b> Critical: .. Catg: Basic Process + Efficiency <b>Compliance</b> 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.	
<b>Criterion 24.9.3.2</b> Critical: .. Catg: Basic Process + Legality <b>Compliance</b> 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.	
<b>Criterion 24.9.3.3</b> Critical: 0 Catg: Basic Process + Legality <b>Compliance</b> 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.	
<b>Criterion 24.9.3.4</b> Critical: 0 Catg: Basic Process + Pat & Staff Safety <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	Medications are securely and legibly labelled with relevant information as required by law and organisational policy.	



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## 24. Combined Outpatient and Emergency Service

<b>Criterion 24.9.3.5</b> Critical: .. Catg: Basic Process + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Medications are stored in a clean environment.	
<b>Criterion 24.9.3.6</b> Critical: .. Catg: Basic Process + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Medication is stored in accordance with manufacturer's instructions relating to temperature, light and humidity.	
<b>Criterion 24.9.3.7</b> Critical: .. Catg: Basic Management + Physical Struct <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	A lockable refrigerator is available for those medications requiring storage at low temperatures.	
<b>Criterion 24.9.3.8</b> Critical: 0 Catg: Basic Process + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The temperature of the refrigerator is monitored and recorded.	
<b>Criterion 24.9.3.9</b> Critical: .. Catg: Basic Process + Efficiency <b>Compliance</b> 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.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

### 24.10 Patient and Family Education

#### 24.10.1 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
<b>Criterion 24.10.1.1</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 2 Moderate	Patients and families indicate that they have been informed about their diagnosis.	
<b>Criterion 24.10.1.2</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 2 Moderate	Patients indicate that they have been informed about the management of their condition.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

<b>Criterion 24.10.1.3</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Patients are educated about their diagnosis, relevant high health risks, e.g. safe use of medication and medical equipment, medicine and food interaction, diet and food interactions, defaulting on medication use, etc.	
<b>Criterion 24.10.1.4</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 2 Moderate	Patients and families indicate that they have been informed about any financial implications of care decisions.	

### 24.11 Continuity of Care

#### 24.11.1 Standard

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

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

	Criterion	Comments Recommendations
<b>Criterion 24.11.1.1</b> Critical: '' Catg: Basic Management + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Established criteria or policies that determine the appropriateness of transfers within the organisation are implemented.	
<b>Criterion 24.11.1.2</b> Critical: '' Catg: Basic Management + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Individuals responsible for the patient's care and its coordination are identified for all phases.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

<b>Criterion 24.11.1.3</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Continuity and coordination are evident throughout all phases of patient care.	
<b>Criterion 24.11.1.4</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	The record of the patient accompanies the patient when transferred within the organisation.	

### 24.11.2 Standard

***The organisation implements policies for the management of patients requiring short term observation and care.***

**Standard Intent:** Where emergency centres have short stay facilities, also known as admission/overnight or observation facilities, they should be controlled by policies which address:

The facilities should be adequate for safe medical care and medical records should clearly state the parameters under observation and actions to be taken should these parameters change.

	Criterion	Comments
		Recommendations
<b>Criterion 24.11.2.1</b> Critical: '' Catg: Basic Management + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Policies and procedures that address the holding of patients for observation are implemented.	
<b>Criterion 24.11.2.2</b> Critical: '' Catg: Basic Management + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The organisation has established appropriate time frames which limit holding time in the emergency centre.	



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# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

<b>Criterion 24.11.2.3</b> Critical: 0 Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Patients under observation are reassessed at appropriate intervals to determine their response to care and treatment, and this is documented in the record.	
<b>Criterion 24.11.2.4</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Any significant changes in the patient's condition are noted in the patient's record and acted upon appropriately.	
<b>Criterion 24.11.2.5</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Any patient care meetings or other discussions are noted in the patient's record.	
<b>Criterion 24.11.2.6</b> Critical: '' Catg: Evaluation + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Holding times are monitored and audited.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

### 24.11.3 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 the patient's 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; a so-called "escalation policy" to address periods of particular overcrowding can be developed in advance with in-patient personnel.

	Criterion	Comments
<b>Criterion 24.11.3.1</b> Critical: '' Catg: Basic Management + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	There is a process known to personnel for admitting patients to the organisation.	Recommendations
<b>Criterion 24.11.3.2</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> 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.	
<b>Criterion 24.11.3.3</b> Critical: '' Catg: Basic Process + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The time of transfer is recorded.	
<b>Criterion 24.11.3.4</b> Critical: '' Catg: Basic Management + Efficiency <b>Compliance</b> 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.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

### 24.11.4 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
<b>Criterion 24.11.4.1</b> Critical: .. Catg: Basic Management + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	Policies and procedures that guide the movement of patients for referral to another organisation are implemented.	
<b>Criterion 24.11.4.2</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	A copy of the referral note is available in the patient record.	
<b>Criterion 24.11.4.3</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> 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.	





# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

### 24.11.5 Standard

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

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

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

While emergency units are obliged to resuscitate and stabilise all who need it, the patient may require transfer to another facility either to address their on-going needs more appropriately, or because of patient or family choice, or financial concerns.

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
<b>Criterion 24.11.5.1</b> Critical: '' Catg: Basic Management + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	There is a documented process for transferring patients to other organisations.	
<b>Criterion 24.11.5.2</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> 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.	



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# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

<b>Criterion 24.11.5.3</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	The process for transferring the patient considers transportation needs.	
<b>Criterion 24.11.5.4</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	A policy that dictates that the responsible clinician communicates the level of required care to Emergency Medical (ambulance) services is implemented.	
<b>Criterion 24.11.5.5</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	The process determines that patients are accompanied and monitored by an appropriately qualified person during transfer.	
<b>Criterion 24.11.5.6</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	When a patient is transferred to another organisation, the receiving organisation is given a written summary of the patient's clinical condition and the interventions provided by the referring organisation.	
<b>Criterion 24.11.5.7</b> Critical: 0 Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	A copy of the transfer summary is available in the patient record.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

<b>Criterion 24.11.5.8</b>	The health organisation agreeing to receive the patient is noted in the patient's record.	
Critical: ..		
Catg: Basic Process + Patient Care		
<b>Compliance</b>		
NA    NC    PC    C		
Default Severity for NC or PC = 3 Serious		

### 24.11.6 Standard

*There is an organised process to appropriately discharge patients who are being treated and released.*

**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 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
<b>Criterion 24.11.6.1</b>	There is a documented process to appropriately discharge patients.	
Critical: ..		
Catg: Basic Management + Patient Care		
<b>Compliance</b>		
NA    NC    PC    C		
Default Severity for NC or PC = 4 Very Serious		
<b>Criterion 24.11.6.2</b>	The organisation works with the family, health practitioners and agencies outside the organisation to ensure timely and appropriate discharge.	
Critical: ..		
Catg: Basic Process + Patient Care		
<b>Compliance</b>		
NA    NC    PC    C		
Default Severity for NC or PC = 3 Serious		



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# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

<b>Criterion 24.11.6.3</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	Patients and, as appropriate, their families are given understandable follow-up instructions and this is noted in the patient's record.	
<b>Criterion 24.11.6.4</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	A discharge note, which includes at least items a) to e) in the intent statement, is written by the medical practitioner when each patient is discharged.	
<b>Criterion 24.11.6.5</b> Critical: .. Catg: Basic Process + Patient Care <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	Each record contains a copy of the discharge summary.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

### 24.12 Quality Improvement

#### 24.12.1 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) resuscitation interventions
- c) procedures carried out
- d) the use of antibiotics and other medications and medication errors;
- a) the use of sedation/local anaesthesia;
- b) the use of blood and blood products;
- c) waiting times
- h) 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
<b>Criterion 24.12.1.1</b> Critical: .. Catg: Evaluation + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	There are formalised quality improvement processes for the service that have been developed and agreed upon by the personnel of the service.	
<b>Criterion 24.12.1.2</b> Critical: .. Catg: Evaluation + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	Indicators of performance are identified to evaluate the quality of treatment and patient care.	



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## 24. Combined Outpatient and Emergency Service

<b>Criterion 24.12.1.3</b> Critical: '' Catg: Evaluation + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The quality improvement cycle includes the monitoring and evaluation of the standards set and the remedial action implemented.	
<b>Criterion 24.12.1.4</b> Critical: '' Catg: Evaluation + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	A documentation audit system is in place.	

### 24.13 Patient Rights

#### 24.13.1 Standard

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

**Standard Intent:** This refers to the implementation of organisational policies on patient and family rights (Service Element 5).

Compliance will be verified during observation of patient care processes, patient record audits and patient interviews.

	Criterion	Comments
		Recommendations
<b>Criterion 24.13.1.1</b> Critical: '' Catg: Basic Management + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	There are processes that support patient and family rights during care.	
<b>Criterion 24.13.1.2</b> Critical: '' Catg: Basic Process + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Measures are taken to protect the patient's privacy, person and possessions.	



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# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

<b>Criterion 24.13.1.3</b>	The personnel respect the rights of patients and families to treatment and to refuse treatment.	
Critical: ''		
Catg: Basic Process + Patient Care		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 4 Very Serious		

### 24.14 Prevention and Control of Infection

#### 24.14.1 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
<b>Criterion 24.14.1.1</b>	The department identifies the procedures and processes associated with the risk of infection and implements strategies to reduce risk.	
Critical: ''		
Catg: Basic Process + Pat & Staff Safety		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 4 Very Serious		
<b>Criterion 24.14.1.2</b>	Infection control processes include prevention of the spread of respiratory tract infections.	
Critical: ''		
Catg: Basic Process + Pat & Staff Safety		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 4 Very Serious		
<b>Criterion 24.14.1.3</b>	Infection control processes include prevention of the spread of urinary tract infections.	
Critical: ''		
Catg: Basic Process + Pat & Staff Safety		
<b>Compliance</b>		
<b>NA NC PC C</b>		
Default Severity for NC or PC = 4 Very Serious		



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

<b>Criterion 24.14.1.4</b> Critical: .. Catg: Basic Process + Pat & Staff Safety <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	Infection control processes include prevention of the spread of infection through intravascular invasive devices.	
<b>Criterion 24.14.1.5</b> Critical: .. Catg: Basic Process + Pat & Staff Safety <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	Infection control processes include prevention of the spread of infection through surgical wounds.	

### 24.15 Risk Management

#### 24.15.1 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
<b>Criterion 24.15.1.1</b> Critical: .. Catg: Basic Process + Pat & Staff Safety <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	The department conducts on-going monitoring of risks through documented assessments as part of organisational risk management processes.	
<b>Criterion 24.15.1.2</b> Critical: .. Catg: Basic Process + Pat & Staff Safety <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	A system for monitoring incidents/near misses/sentinel/adverse events is available and includes the documentation of interventions and responses to recorded incidents.	





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# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

## 24. Combined Outpatient and Emergency Service

<b>Criterion 24.15.1.3</b> Critical: .. Catg: Basic Process + Pat & Staff Safety <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	Security measures are in place and are implemented to ensure the safety of patients, personnel and visitors.	
<b>Criterion 24.15.1.4</b> Critical: .. Catg: Basic Process + Pat & Staff Safety <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	Fire safety measures are implemented.	
<b>Criterion 24.15.1.5</b> Critical: .. Catg: Basic Process + Pat & Staff Safety <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	The organisation's policy on handling, storing, transporting and disposing of health waste is implemented.	