



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR MORTUARIES/FORENSIC SERVICES

## 5. Quality Management and Improvement

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

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

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

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

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

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

**3. EXTERNAL SURVEY INFORMATION:**

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

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

**GUIDE TO COMPLETION OF FORM**

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

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

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

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

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

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

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



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## 5. Quality Management and Improvement

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## 5. Quality Management and Improvement

### 5.1 Quality Management and Improvement

#### 5.1.1 Standard

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

**Standard Intent:** 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 management structures or systems. Departmental managers use available data and information to identify priority areas for quality monitoring and improvement.

Quality monitoring could include:

- the availability, contents and use of deceased records
- patient and family expectations and satisfaction.

The following will be evaluated:

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

	Criterion	Comments
		Recommendations
<b>Criterion 5.1.1.1</b> Critical: 0 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 5.1.1.2</b> Critical: '' Catg: Basic Management + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	There is a training programme for personnel which is consistent with their role in the quality management and improvement programme.	
<b>Criterion 5.1.1.3</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 service rendered.	



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<b>Criterion 5.1.1.4</b> Critical: '' Catg: Evaluation + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	The quality improvement cycle includes the monitoring and evaluation of the standards set and the remedial action implemented.	
<b>Criterion 5.1.1.5</b> Critical: '' Catg: Evaluation + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	A documentation audit system is in place.	
<b>Criterion 5.1.1.6</b> Critical: '' Catg: Evaluation + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	Information on the quality management and improvement programme is communicated to personnel regularly.	



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### 5.1.2 Standard

*Improvement in quality is achieved and sustained.*

**Standard Intent:** The health organisation uses the information from data analysis to identify potential improvements to reduce (or prevent) adverse events. Routine monitoring data and data from intensive assessments contribute to an understanding of where improvement should be planned, and what priority should be given to the improvement. In particular, clinical and managerial leaders plan improvements to those data collection areas requiring priority.

The organisation uses appropriate resources and involves those individuals, disciplines and departments closest to the processes or activities to be improved. Responsibility for planning and carrying out improvement is assigned to individuals or to a team. Any training needed is provided and information management or other resources are made available.

Once a change is planned, data is collected during a test period to demonstrate that the change is actually an improvement. To ensure that the improvement is sustained, monitoring data is then collected for ongoing analysis. Effective changes are incorporated into standard operating procedures and any necessary education of the personnel is carried out. The organisation documents those improvements achieved and sustained as part of its quality management and improvement processes.

	Criterion	Comments
		Recommendations
<b>Criterion 5.1.2.1</b> Critical: '' Catg: Evaluation + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	The organisation documents the improvements achieved and sustained.	
<b>Criterion 5.1.2.2</b> Critical: '' Catg: Evaluation + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	This information leads to the development of processes to ensure that quality is sustained.	