



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR CLINICS

## 1. Management and Leadership

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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# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR CLINICS

## 1. Management and Leadership

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# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR CLINICS

## 1. Management and Leadership

### 1.1 Governance of the Health Facility

#### 1.1.1 Standard

*The governing body's accountability and responsibilities are documented and are known to the health facility managers.*

**Standard Intent:** According to the Oxford Dictionary, to govern is "to conduct the policy, actions and affairs of (a state, organisation or people) with authority." The same source defines governance as "the action or manner of governing a state, organisation, etc." It relates to decisions that define expectations, grant power, or verify performance. It consists of either a separate process or part of management or leadership processes.

A governing body is the group of people given the power and authority to govern an organisation. A governing body can take the form of a board, a council, a steering committee or an assembly of elders or traditional owners. The role of a governing body is to plan strategic direction, set the organisation's goals, lead the organisation, make the policies and evaluate and support the management and personnel

There is a governing body responsible for directing the operation of the health facility, which is accountable for providing quality healthcare services to its community or to the population that seeks care. The responsibilities and accountability of this entity are described in a document that identifies how they are to be carried out, and are known to those responsible for management within the health facility. The responsibilities of governing bodies lie primarily in approving plans and documents submitted by the managers of the health facility. Those elements of management requiring approval by governance are documented.

The process and practices that will apply will vary significantly given the environment in which they are applied. Governance in the public sector, which includes ministries, boards and similar entities, takes into account legal and constitutional accountability and responsibilities.

In a business or non-profit organisation governance, in addition to legal and constitutional accountability, relates to consistent management, policies, processes, guidance and decision rights for a given area of responsibility.

It is important that the health facility has clear leadership, operates efficiently and provides quality healthcare services. The lines of communication for achieving these goals are presented in an organisational chart or other document.

	Criterion	Comments
		Recommendations
<b>Criterion 1.1.1.1</b>	Documents describe governance accountability and responsibilities.	
Critical: ..		
Catg: Basic Management + Efficiency		
<b>Compliance</b>		
NA    NC    PC    C		
Default Severity for NC or PC = 2 Moderate		



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<b>Criterion 1.1.1.2</b> Critical: .. Catg: Basic Management + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	There is an organisational chart or document which describes the lines of authority and accountability from governance and within the service.	
<b>Criterion 1.1.1.3</b> Critical: .. Catg: Basic Management + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 2 Moderate	The responsibilities of governance include providing support to the personnel in the health facility.	
<b>Criterion 1.1.1.4</b> Critical: .. Catg: Basic Management + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The support from regional or district managers includes regular supervisory visits, monitoring, written communications and education.	
<b>Criterion 1.1.1.5</b> Critical: 0 Catg: Basic Management + Legality <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The facility has a valid licence, issued by an acknowledged healthcare licensing authority, to operate as a healthcare facility.	
<b>Criterion 1.1.1.6</b> Critical: .. Catg: Basic Management + Legality <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	This licence covers all services offered by the facility.	



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<b>Criterion 1.1.1.7</b> Critical: '' Catg: Basic Management + Legality <b>Compliance</b> <b>NA NC PC C</b> Default Severity for NC or PC = 4 Very Serious	The pharmacy is licensed by a relevant licensing body.	
<b>Criterion 1.1.1.8</b> Critical: '' Catg: Basic Management + Legality <b>Compliance</b> <b>NA NC PC C</b> Default Severity for NC or PC = 4 Very Serious	The laboratory is licensed by a relevant licensing body.	
<b>Criterion 1.1.1.9</b> Critical: '' Catg: Basic Management + Legality <b>Compliance</b> <b>NA NC PC C</b> Default Severity for NC or PC = 4 Very Serious	The diagnostic imaging service is licensed by a relevant licensing body of radiation control council or equivalent body.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR CLINICS

## 1. Management and Leadership

### 1.2 Management of the Health Facility

#### 1.2.1 Standard

*A senior manager is responsible for operating the health facility within applicable laws and regulations.*

**Standard Intent:** The facility manager is appointed by the organisation to be responsible for the overall day-to-day operation of the health facility. These responsibilities are documented and known to the personnel of the health facility. The individual appointed to carry out these functions has the required education and experience.

The facility manager is responsible for the implementation of all policies, which have been approved by the governing body.

	Criterion	Comments
		Recommendations
<b>Criterion 1.2.1.1</b> Critical: '' Catg: Basic Management + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	The organisation ensures that a qualified individual manages the facility.	
<b>Criterion 1.2.1.2</b> Critical: '' Catg: Basic Management + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	The facility manager manages the day-to-day operation of the service.	
<b>Criterion 1.2.1.3</b> Critical: '' Catg: Basic Management + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	The facility manager has the education and experience to carry out his or her responsibilities.	



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<b>Criterion 1.2.1.4</b> Critical: .. Catg: Basic Process + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The facility manager ensures that approved policies are implemented.	
<b>Criterion 1.2.1.5</b> Critical: .. Catg: Basic Process + Legality <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The facility manager ensures compliance with applicable Laws and Regulations.	
<b>Criterion 1.2.1.6</b> Critical: .. Catg: Basic Process + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	The facility manager implements processes to manage and control human, financial and other resources.	
<b>Criterion 1.2.1.7</b> Critical: .. Catg: Evaluation + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Contracts and other arrangements are monitored to ensure that the terms of the contracts are met.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR CLINICS

## 1. Management and Leadership

### 1.2.2 Standard

***Budgeting, reporting and auditing processes are consistent with statutory requirements and standards.***

**Standard Intent:** A standard method of accounting and reporting is essential for the efficient delivery of quality healthcare. Efficient, cost-effective and sustainable service delivery depends upon having up-to-date and accurate financial accounts. A budgeting process results in a defined method of allocating resources.

Financial planning and management needs to be conducted by a person who is suitably qualified and experienced in all matters relating to the health facility's finances. This person must be able to identify financial constraints and possibilities and be able to respond by developing accurate policies or procedures. This person must also be able to advise on how much, what and when to invest as a result of a thorough analysis of plans. Clinical and other leaders need to be included in planning their financial requirements. They also require information relating to the funds available for managing their departments and up-to-date statements of current expenditure. Sound accounting and auditing practices are implemented to ensure transparency.

	Criterion	Comments
		Recommendations
<b>Criterion 1.2.2.1</b> Critical: '' Catg: Basic Management + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 2 Moderate	There are written policies and procedures for accounting functions.	
<b>Criterion 1.2.2.2</b> Critical: '' Catg: Basic Management + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 2 Moderate	The accounting function is performed by an individual with appropriate training and experience.	
<b>Criterion 1.2.2.3</b> Critical: '' Catg: Basic Process + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 2 Moderate	The qualified accounting personnel ensure that policies and procedures are available to guide all the personnel and that they are implemented.	





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<b>Criterion 1.2.2.4</b> Critical: '' Catg: Basic Management + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	There are written policies and procedures for maintaining internal and external financial audit systems that meet audit requirements.	
<b>Criterion 1.2.2.5</b> Critical: '' Catg: Basic Management + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 2 Moderate	There are written policies and procedures for the payment of creditors.	
<b>Criterion 1.2.2.6</b> Critical: '' Catg: Basic Management + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 2 Moderate	There is a documented budgeting process.	
<b>Criterion 1.2.2.7</b> Critical: '' Catg: Evaluation + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	The budgeting process is prepared in a timely manner and is used for expenditure tracking.	
<b>Criterion 1.2.2.8</b> Critical: '' Catg: Basic Process + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 2 Moderate	There is an asset register, which is routinely maintained.	



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<p><b>Criterion 1.2.2.9</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>There is an inventory, which is checked according to policy.</p>	
<p><b>Criterion 1.2.2.10</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>There is a mechanism for ensuring that the level of debtors is kept to the minimum.</p>	
<p><b>Criterion 1.2.2.11</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>There is an effective system for invoicing and billing patients for healthcare services rendered, which includes data quality checks.</p>	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR CLINICS

## 1. Management and Leadership

### 1.2.3 Standard

*The health facility's clinical and managerial leaders are identified and are collectively responsible for creating the plans and policies needed to fulfil the mission.*

**Standard Intent:** Managers are appointed to posts and have a leadership role; leaders of a health facility may come from many sources. These leaders may represent every service in the health facility, e.g. medical, nursing, maintenance, administration, physiotherapy and radiography. Leaders may also be nominated or elected to certain committees, i.e. health and safety committees and infection control committees. Effective leadership is essential for a health facility to be able to operate efficiently and fulfil its mission. Leadership is given to the organisation by individuals working together and separately and can be provided by any number of individuals.

Leaders may have formal titles or be informally recognised for their seniority, stature or contribution to the health facility. It is important that all the leaders of a health facility are recognised and brought into the process of defining the health facility's mission. The leaders work collaboratively to develop the plans and policies needed to fulfil the mission.

	Criterion	Comments
		Recommendations
<b>Criterion 1.2.3.1</b> Critical: '' Catg: Basic Management + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	A senior management team is responsible for the operations of the facility.	
<b>Criterion 1.2.3.2</b> Critical: '' Catg: Basic Process + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 2 Moderate	The facility's clinical leaders are identified and are collectively responsible for creating plans to fulfil the organisation's mission.	
<b>Criterion 1.2.3.3</b> Critical: '' Catg: Basic Process + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 2 Moderate	The leaders are collectively responsible for ensuring that the mission statement is known to all personnel, patients, carers and the community served.	



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## 1. Management and Leadership

### 1.2.4 Standard

*The health facility manager plans for the type of services required to meet the needs of the patients served by the facility, in consultation with community members and/or stakeholders.*

	Criterion	Comments
		Recommendations
<b>Criterion 1.2.4.1</b> Critical: '' Catg: Basic Process + Efficiency <b>Compliance</b> <b>NA NC PC C</b> Default Severity for NC or PC = 2 Moderate	The health facility's manager promotes networking with the leaders of other relevant organisations in the community.	
<b>Criterion 1.2.4.2</b> Critical: '' Catg: Basic Process + Efficiency <b>Compliance</b> <b>NA NC PC C</b> Default Severity for NC or PC = 2 Moderate	There is evidence of meetings with representatives of the community.	
<b>Criterion 1.2.4.3</b> Critical: '' Catg: Basic Process + Efficiency <b>Compliance</b> <b>NA NC PC C</b> Default Severity for NC or PC = 2 Moderate	Community leaders (including traditional healers where appropriate) are represented.	
<b>Criterion 1.2.4.4</b> Critical: '' Catg: Basic Process + Efficiency <b>Compliance</b> <b>NA NC PC C</b> Default Severity for NC or PC = 2 Moderate	The management is aware of and accesses services from other provider facilities operating in the area.	



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## 1. Management and Leadership

### 1.2.5 Standard

*The health facility's leaders ensure that policies and procedures are implemented to support the activities of the health facility and to guide the personnel, patients and visitors.*

**Standard Intent:** Policies and procedures are formulated at different levels of authority, e.g. Acts and regulations, national health and labour departmental policies and health facility policies.

Leaders must ensure that all policies applying to the health facility are available to the personnel and that they are implemented and monitored as they relate to various departments, services and functions. Leaders should ensure that policies and procedures are available to guide the personnel in such matters as the allocation, use and care of resources, financial practices, human resource management and dealing with complaints from patients and visitors.

The availability and application of specific policies and guidelines will be assessed and measured in the relevant services, e.g. midwifery.

	Criterion	Comments
		Recommendations
<b>Criterion 1.2.5.1</b> Critical: 0 Catg: Basic Management + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	The health centre's manager ensures that policies and procedures guide and support the activities and management of the health facility.	
<b>Criterion 1.2.5.2</b> Critical: .. Catg: Basic Process + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	A designated staff member is responsible for compiling and indexing policies and procedures and ensuring their circulation, recall and review.	
<b>Criterion 1.2.5.3</b> Critical: .. Catg: Basic Process + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 2 Moderate	Policies and procedures are signed/endorsed by persons authorised to do so.	



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<b>Criterion 1.2.5.4</b> Critical: .. Catg: Basic Process + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 2 Moderate	Policies and procedures are compiled into a comprehensive manual which is indexed and easily accessible to all staff members.	
<b>Criterion 1.2.5.5</b> Critical: .. Catg: Evaluation + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 2 Moderate	All policies and procedures are reviewed at appropriate intervals, dated and signed.	
<b>Criterion 1.2.5.6</b> Critical: .. Catg: Basic Process + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	There is a mechanism for ensuring that policies are known and implemented.	

### 1.2.6 Standard

*The organisation ensures that supplies and provisions are ordered, received, safely stored and provided to departments in time to meet their needs.*

	Criterion	Comments
		Recommendations
<b>Criterion 1.2.6.1</b> Critical: .. Catg: Basic Management + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	A suitably qualified individual is designated to control the ordering, storage, distribution and control of equipment and supplies used in the organisation.	
<b>Criterion 1.2.6.2</b> Critical: .. Catg: Basic Management + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	There is a system for ensuring that equipment and supplies are ordered, available, correctly stored and distributed.	



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<b>Criterion 1.2.6.3</b> Critical: .. Catg: Basic Process + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	A list of approved suppliers is available.	
<b>Criterion 1.2.6.4</b> Critical: .. Catg: Evaluation + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	There is a system for monitoring the quality of goods delivered.	
<b>Criterion 1.2.6.5</b> Critical: .. Catg: Evaluation + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	There is a system for monitoring the use of resources and taking corrective actions when required.	
<b>Criterion 1.2.6.6</b> Critical: 0 Catg: Basic Management + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	Secure adequate storage facilities are available.	
<b>Criterion 1.2.6.7</b> Critical: .. Catg: Basic Process + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	Records of goods received and goods issued are available	



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<b>Criterion 1.2.6.8</b> Critical: '' Catg: Basic Process + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	The "first expired first out" principle is applied to avoid outdated stock.	
<b>Criterion 1.2.6.9</b> Critical: '' Catg: Basic Process + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	There is a system for disposing of expired stock, including pharmaceuticals.	





# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR CLINICS

## 1. Management and Leadership

### 1.3 Quality Leadership and Design

#### 1.3.1 Standard

*A quality improvement system is in place.*

**Standard Intent:** If a health facility is to initiate and maintain improvement, leadership and planning are essential.

A comprehensive approach to quality management and improvement includes the following processes:

- planning for improvement in quality
- monitoring how well processes work through indicator data collection
- analysing the data, and
- implementing and sustaining changes that result in improvement.

These processes when performed well provide the framework for the health facility and its leaders to achieve the objective of providing quality patient care in a safe, well-managed environment.

The continuous monitoring, analysing and improving of clinical and managerial processes must be well organised and have clear leadership to achieve maximum benefit.

The framework presented in the compliance standards is suitable for a wide variety of structured programmes as well as less formal approaches to quality management and improvement. This framework can also incorporate traditional monitoring programmes such as those related to unexpected events (risk management) and resource use (utilisation management).

Well-designed processes or services draw on a variety of information sources. Good process design:

A primary responsibility of leaders is to set priorities. Health facilities typically find more opportunities for quality monitoring and improvement than they have human and other resources to undertake. Therefore, the leaders provide focus for the organisation's quality monitoring and improvement activities. The leaders prioritise those critical, high-risk or problem-prone processes that most directly relate to the quality of care and the safety of the environment. The leaders use available data and information to identify areas that must be prioritised.

	Criterion	Comments
		Recommendations
<b>Criterion 1.3.1.1</b>	There is a relevant training programme to equip the personnel with the necessary competencies for designing, implementing and evaluating a quality management and improvement programme.	
Critical: ..		
Catg: Evaluation + Efficiency		
<b>Compliance</b>		
NA    NC    PC    C		
Default Severity for NC or PC = 4 Very Serious		



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<b>Criterion 1.3.1.2</b> Critical: <input type="checkbox"/> Catg: Evaluation + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	The health centre's manager and personnel collaborate to plan and carry out the quality improvement and patient safety programme.	
<b>Criterion 1.3.1.3</b> Critical: <input type="checkbox"/> Catg: Evaluation + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	The health centre's manager and personnel monitor the quality of data collected by the institution.	
<b>Criterion 1.3.1.4</b> Critical: <input type="checkbox"/> Catg: Evaluation + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 3 Serious	The health centre's manager and personnel design new and modified systems and processes according to quality improvement principles.	
<b>Criterion 1.3.1.5</b> Critical: <input type="checkbox"/> Catg: Evaluation + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	The quality management and improvement programme reflects the scope of service delivery in relation to managerial, clinical and support services.	
<b>Criterion 1.3.1.6</b> Critical: <input type="checkbox"/> Catg: Evaluation + Efficiency <b>Compliance</b> NA    NC    PC    C Default Severity for NC or PC = 4 Very Serious	The quality management and improvement programme reflects all components and quality activities in relation to standard/indicator development, monitoring/evaluation and remedial action.	



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<b>Criterion 1.3.1.7</b> Critical: 0 Catg: Evaluation + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	There is a process for reviewing patient care.	
<b>Criterion 1.3.1.8</b> Critical: '' Catg: Evaluation + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 3 Serious	There is a process for reviewing medication use.	
<b>Criterion 1.3.1.9</b> Critical: '' Catg: Evaluation + Patient Care <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 4 Very Serious	There is a process for monitoring patient satisfaction with the care process, the care environment and the facility's personnel.	
<b>Criterion 1.3.1.10</b> Critical: '' Catg: Evaluation + Efficiency <b>Compliance</b> NA NC PC C Default Severity for NC or PC = 2 Moderate	There is a relevant/appropriate system for reporting on quality management and improvement matters and communicating with all stakeholders concerned.	



# BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR CLINICS

## 1. Management and Leadership

### 1.3.2 Standard

*Improvement in quality is achieved and sustained.*

**Standard Intent:** The health facility 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 improvements should be planned, and what priority should be given to the improvements. In particular, clinical and managerial leaders plan improvements to those data collection areas requiring priority.

The health facility 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 necessary training 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 health facility documents those improvements achieved and sustained as part of its quality management and improvement processes.

	Criterion	Comments
		Recommendations
<b>Criterion 1.3.2.1</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 1.3.2.2</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.	