BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

4.Access to Care

Republic of Botswana

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

1.NAME OF HOSPITAL/CLINIC/FACILITY:_____

2. BASELINE/INTERNAL SURVEY INFORMATION:

Title and name of person who completed this document: _____

Post and position held: _____

Date of survey: _____

3. EXTERNAL SURVEY INFORMATION:

Name of external surveyor: _____

Date of external survey: _____

GUIDE TO COMPLETION OF FORM

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

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

The default category affected is designated on the form for
 each criterion as follows:
1. patient and staff safety
2. legality
3. patient care
4. efficiency
5. structure
6. basic management
7. basic process
8. evaluation

The seriousness of the default is designated on the
 form for each criterion as follows:
1. mild
2. moderate
3. serious
4. very serious

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

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4.1 Access to Care

4.1.1 Standard

Patients are admitted to receive inpatient care or are registered for outpatient services, based on their identified healthcare needs and the organisation's mission and resources.

Standard Intent: To improve access to its services, the healthcare organisation provides information to the community on its services and hours of operation and how to obtain care.

Only those patients for whom the organisation can be expected to provide care enter the organisation.

Matching patient needs to the healthcare organisation's mission and resources depends on obtaining information on the patient's needs and condition through screening at the first point of contact. The screening can occur at the referral setting, during emergency transport or when the patient arrives at the organisation.

The screening assessment leads to an understanding of the type of preventive, palliative, curative and rehabilitative services needed by the patient. This information is used to determine the most appropriate setting(s) required to meet the patient's most urgent needs. Thus, admission to the organisation and/or referral to another setting may be required to meet the patient's needs.

The patient's needs may have been determined before entering the organisation by a physician or other organisation. If the patient's needs had not been determined prior to entry, those needs are identified through a triage process, screening assessment, or medical history and physical examination of the patient. Diagnostic testing may also be required to:
- determine the patient's needs
- determine if the organisation has the appropriate resources to treat the patient, or
- establish if the patient should be referred or transferred to another setting for care.

For emergency or critical patients, the needs are clear and diagnostic testing follows admission. Diagnostic test results are made available to those who must decide on further management in the facility, transfer or referral of the patient.

Patients are informed when there are known long waiting periods for diagnostic and/or treatment services or when obtaining the planned care may require placement on a waiting list. Patients are informed of the associated reasons for the delay or wait and are informed of available alternatives. This requirement applies to inpatient and outpatient care and/or diagnostic services, not to minor waits in providing outpatient care or inpatient care, as when a physician is behind schedule.

	Criterion	Comments
		Recommendations
Criterion 4.1.1.1 Critical: `··` Catg: Basic Management + Patient Care **Compliance** NA　NC　PC　C Default Severity for NC or PC = 4 Very Serious	Information on services, hours of operation and processes to obtain care are provided to agencies and referral sources in the community, and to the population served.	

Criterion 4.1.1.2 Critical: ·· Catg: Basic Management + Efficiency **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Directional signage to the organisation is clearly visible from all main access roads.
Criterion 4.1.1.3 Critical: ·· Catg: Basic Management + Efficiency **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The name of the organisation and the services provided are clearly indicated on the site.
Criterion 4.1.1.4 Critical: ·· Catg: Basic Management + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Adequate parking is made available for patients and visitors.
Criterion 4.1.1.5 Critical: ·· Catg: Basic Management + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Directional signage within the organisation includes the most commonly used local languages and relevant symbols.
Criterion 4.1.1.6 Critical: ·· Catg: Basic Management + Physical Struct **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	There are areas for staff to obtain and give confidential information in privacy.

Criterion 4.1.1.7	Screening is initiated at the point of first contact with the organisation.	
Critical: ``		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 4.1.1.8	The screening assessment leads to an understanding of the type of preventive, palliative, curative and rehabilitative services needed by the patient.	
Critical: ``		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 4.1.1.9	The suitability of the patient for admission is based on the results of the screening, in accordance with the mission and resources of the organisation.	
Critical: ``		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 4.1.1.10	Patients are accepted only if the organisation has the ability to provide the necessary services and settings for care.	
Critical: ``		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

4.2 Admission Processes

4.2.1 Standard

The organisation seeks to reduce physical, language, cultural and other barriers to access and delivery of services.

Standard Intent: Organisations frequently serve communities with a diverse population. Patients may be aged, have disabilities, speak multiple languages or dialects, be culturally diverse or present other barriers that make the process of entering the organisation and receiving care very difficult. The organisation is familiar with these barriers and has implemented processes to eliminate or reduce these barriers during the entry process. For instance, wheelchairs will be available for the physically disabled, the staff will be trained to communicate with the hard of hearing and translation services will be available for those who speak foreign languages. Mechanisms for meeting these needs will be documented and known to the staff.

	Criterion	Comments
		Recommendations
Criterion 4.2.1.1 Critical: ˙˙ Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The organisation has identified the barriers in its patient population.	
Criterion 4.2.1.2 Critical: ˙˙ Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	There is a process to limit the impact of barriers on the delivery of services.	
Criterion 4.2.1.3 Critical: ˙˙ Catg: Basic Process + Patient Care **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Parking is made available close to the building entrance for physically challenged people.	

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Criterion 4.2.1.4 Critical: `..`	There is wheelchair access to and within the building.	
Catg: Basic Management + Physical Struct		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 4.2.1.5 Critical: `..`	Ramps and stairs include safety features such as rails.	
Catg: Basic Management + Physical Struct		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

4.2.2 Standard

The organisation has an established process for admitting inpatients and for registering outpatients.

Standard Intent: The process for admitting patients to the organisation for care is standardised through the use of policies and procedures. Staff responsible for the admission process, are familiar with and follow the standardised procedures. The policies and procedures address the admission of patients directly from the emergency service and the process for holding patients for observation. The policies also address how patients are managed when inpatient facilities are limited or no space is available to admit patients.

Patients with emergency or immediate needs are assessed and receive the necessary care as quickly as possible. Such patients may be assessed by the physician before other patients, receive diagnostic services and have treatment initiated to meet their needs as rapidly as possible. The organisation establishes criteria and trains the staff to recognise those patients with immediate needs and prioritise their care process.

	Criterion	**Comments**
		Recommendations
Criterion 4.2.2.1 Critical: `..`	Policies and procedures are used to standardise the outpatient registration process.	
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

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Criterion 4.2.2.2	Policies and procedures are used to standardise the inpatient admitting process.	
Critical: ¨		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 4.2.2.3	The policies and procedures address the admission of emergency patients to inpatient units.	
Critical: ¨		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 4.2.2.4	Patients with emergency or immediate needs are prioritised according to established criteria for assessment and intervention.	
Critical: ọ		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 4.2.2.5	Policies and procedures that address the holding of patients for observation are implemented.	
Critical: ¨		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 4.2.2.6	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.	
Critical: ¨		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 4.2.2.7	Policies and procedures for the management of patients deceased prior to arrival are implemented.	
Critical: ..		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

4.2.3 Standard

At admission as an inpatient, patients and their families receive sufficient information to make informed decisions.

Standard Intent: During the admission process, patients and their families receive sufficient information to make an informed decision about seeking care. Information is provided on what care is proposed, the expected results and any expected cost to the patient or family for that care when this is not paid for by a public or private source. Patients and families need complete information on the care and services offered by the organisation as well as on how to access those services. Providing this information is essential to the building of an open and trusting communication between patients, families and the organisation. This information helps to match the patient's expectations to the ability of the organisation to meet those expectations. Information on alternative sources of care and services is provided when the needed care is beyond the organisation's mission and capabilities.

For patients and families to participate in care decisions, they need basic information regarding the medical conditions found during assessment and on the care and treatment proposed. Patients and families understand when they will be given this information and who is responsible for telling them. Patients and families understand the type of decisions that must be made about care and how to participate in those decisions. In addition, patients and families need to understand the organisation's process to obtain consent and which care processes, tests, procedures and treatments require their consent.

While some patients may not wish to personally participate in the decisions regarding their care, they are, nevertheless, given the opportunity, and can choose to participate through a family member, friend or a surrogate decision-maker.

	Criterion	Comments
		Recommendations
Criterion 4.2.3.1	There is a process to provide patient/family with information at admission.	
Critical: ..		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		
Criterion 4.2.3.2	The process includes information on the proposed care and the expected results of care.	
Critical: ..		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 4.2.3.3	The process includes information on any expected costs to the patient or family.	
Critical: ··		
Catg: Basic Process + Patient Care		
Compliance NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 4.2.3.4	Patients receive sufficient information to make knowledgeable decisions.	
Critical: ··		
Catg: Basic Process + Patient Care		
Compliance NA NC PC C		
Default Severity for NC or PC = 3 Serious		

4.2.4 Standard

Admission or transfer to units providing intensive or specialised services is determined by established criteria.

Standard Intent: Units or services that provide intensive care (for example a post-surgical intensive care unit) or that provide specialised services (for example the care of patients with burns, or organ transplant units) are costly and usually have limited space and staff. Each organisation must establish criteria for identifying those patients who require the level of care provided in such units. Appropriate individuals from the intensive or specialised services participate in developing those criteria. The criteria are used to determine direct entry to the unit, for example directly from the emergency service.

The criteria are also used to authorise transfer into the unit from within or outside the organisation, and in deciding when a patient no longer requires the services of the unit and can be transferred to another level of care.

	Criterion	Comments
		Recommendations
Criterion 4.2.4.1	The organisation has established entry and/or transfer criteria for its intensive and specialised units, including research and other programmes to meet special patient needs.	
Critical: ··		
Catg: Basic Management + Patient Care		
Compliance NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 4.2.4.2	The criteria are physiologic-based where possible and appropriate.	
Critical: ··		
Catg: Basic Management + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 4.2.4.3	Appropriate individuals are involved in developing the criteria.	
Critical: ··		
Catg: Basic Management + Efficiency		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 4.2.4.4	Personnel are trained to apply the criteria.	
Critical: ··		
Catg: Basic Management + Efficiency		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 4.2.4.5	Patients transferred or admitted to intensive and specialised units/services meet the criteria, as documented in the patient's record.	
Critical: ··		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 4.2.4.6	Patients who no longer meet the criteria to remain in the unit are transferred or discharged.	
Critical: ··		
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		