STANDARDS
for
CLINICS/HEALTH CENTRES
in
RESOURCE RESTRICTED SETTINGS
in
AFRICA

1st Edition
2011
CLINIC/HEALTH CENTRE STANDARDS

TABLE OF CONTENTS

Introduction and scoring guide
Interpretation of Terms Used

A. HEALTH CARE ORGANISATION MANAGEMENT
1. Management and leadership
2. Human resource management
3. Patient rights and Access to care
4. Management of information
5. Risk management

B. CARE OF PATIENTS
6. Primary health care services
7. In-patient care

C. SPECIALISED SERVICES
8. Operating theatre and anaesthetic services
9. Laboratory services
10. Diagnostic imaging services
11. Medication management

D. ANCILLARY SERVICES
12. Facility management services
13. Support services
INTRODUCTION

This set of standards is a result of a collaboration between key stakeholders; the Council for Health Service Accreditation of Southern Africa (COHSASA), the primary drafters of the standards, PharmAccess Foundation (PharmAccess) a Dutch not-for-profit organisation supporting quality basic health care including HIV/AIDS treatment and care in Africa, Joint Commission International (JCI) and many practicing health care providers.

While the content of the standards has been chosen by people working in the field and familiar with current best practice, the structure and organisation of the standards meet the requirements of the International Society for Quality in Health Care (ISQua) and they are linked to COHSASA’s established assessment tool and information system. The numbers in brackets at the end of some criteria, indicate references to the PharmAccess On-track system of assessing facility infrastructure.

The standards are intended for use by healthcare organisations in resource restricted settings in Africa. The resource restriction may be as a result of lack of financial support or the inefficient use of available human and other resources.

The health care system in a locality or in a country is the sum of the capabilities of individual organisations. Once these capabilities are catalogued; this information can be used to guide changes and improvements in service delivery. The standards provide a tool to measure capability and efficiency, but also provide a vision of what can be achieved over time through the application of quality improvement tools and training.

Although comfortable buildings with good staff and adequate equipment is an important goal, excellent care can be provided with limited resources; proper training, personnel support and functional administrative structures. We recognised that many health care organisations in sub-Saharan Africa start from a resource restricted base and that they may feel that the gap between their actual situation and the standards is too great to bridge.

The standards presented here are designed to help bridge the gap between today and a better tomorrow bringing patient care quality and patient safety to new levels. Implementing standards can be an evolutionary process taking time to do things right and better. While the ultimate goal is to have an outside evaluation team come into your organization and evaluate how well the standards are met (often called Accreditation), it is important to recognize an organization’s achievements along the way. Thus, progress in meeting these standards will bring recognition for incremental achievements. This recognition with certify to others that your quality journey has started and your organization is making progress.

The collaboration between COHSASA, PharmAccess and the Joint Commission International will provide primary healthcare facilities with assistance on this journey as follows:

1. The JCI Essentials of Health Care Quality and Patient Safety will be used as the initial assessment tool to identify facilities to be included in the Quality Improvement programme.
2. PharmAccess, with the Medical Insurance Fund and other funders, will assist with improvement of infrastructure, staffing and training.
3. COHSASA will assist with the implementation of quality improvement programmes to meet the standards and the recognition of progress. Progressive improvement will be encouraged, with accreditation as the ultimate goal.
Where applicable, in the standards that follow, items related to the PharmAccess (PA) Asset List and to the Joint Commission International (JCI) Essentials for Health Care Quality and Patient Safety are indicated at the end of relevant criteria.
Evaluation of the Standards

Standards are written expectations of structures, processes or performance expectations and it is assumed that if standards are met, better care can be delivered. The standards, in turn, are defined by objective, measurable elements called criteria. Criteria are given weighted value according to how important the criterion is in relation to medico-legal requirements and the impact on safe patient care. This is the “severity rating” and, for the scoring system linked to this document, criteria are rated from 1 (not very serious) to 4 (very serious).

During an evaluation visit (survey), criteria are scored either as compliant (C), meaning that the condition is met and that evidence of compliance is present in a tangible and observable form; partially compliant (PC) if the condition required is not totally met but there is positive progress towards compliance and the deficiency does not seriously compromise the standard; or non-compliant (NC) meaning that there is no observable progress towards complying with the required condition.

Scores allocated for each criterion depend on the severity rating for that criterion and whether it is C, PC or NC. Aggregating and averaging criterion scores calculates the level of compliance with the standard.

While progress towards standards that are fully met will bring recognition, it is only when all criteria and standards are substantially met can the organization be accredited.

1 Scoring System

Compliant criteria are scored as 100. NC or PC criteria are scored as below.

<table>
<thead>
<tr>
<th>Severity</th>
<th>Partially Compliant (PC)</th>
<th>Non-compliant (NC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild (1)</td>
<td>75</td>
<td>35</td>
</tr>
<tr>
<td>Moderate (2)</td>
<td>65</td>
<td>25</td>
</tr>
<tr>
<td>Serious (3)</td>
<td>55</td>
<td>15</td>
</tr>
<tr>
<td>Very serious (4)</td>
<td>45</td>
<td>5</td>
</tr>
</tbody>
</table>

A standard may have a criterion that is marked ‘critical’. This is where non-compliance will compromise patient or staff safety, or where there are legal implications. Non compliance with critical criteria is not compatible with accreditation.

These provide a fair, transparent and consistent approach to the scoring of criteria and standards and making decisions regarding recognition and accreditation.
<table>
<thead>
<tr>
<th>Term</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptability</td>
<td>Acknowledgement that the reasonable expectations of the patient, funders and the community have been satisfied.</td>
</tr>
<tr>
<td>Accessibility</td>
<td>Means that access to healthcare services is unrestricted by geographic, economic, social, cultural, organisational or linguistic barriers.</td>
</tr>
<tr>
<td>Accountability</td>
<td>The state of being answerable for one's decisions and actions. Accountability cannot be delegated.</td>
</tr>
<tr>
<td>Accreditation</td>
<td>A determination by an accrediting body that an eligible organisation is in compliance with applicable, predetermined standards. (See also certification, licensure.)</td>
</tr>
<tr>
<td>Accreditation survey</td>
<td>An external evaluation of an organisation to assess its level of compliance with standards and to make determinations regarding its accreditation status. The survey includes evaluation of documentation provided by personnel as evidence of compliance; verbal information concerning the implementation of standards, or examples of their implementation, that will enable a determination of compliance to be made; and on-site observations by surveyors.</td>
</tr>
<tr>
<td>Adverse event</td>
<td>An adverse event may be defined as any event or circumstance arising during a stay in hospital that leads to unintended or unexpected physical or psychological injury, disease, suffering, disability or death not related to the natural cause of the patient’s illness, underlying condition or treatment.</td>
</tr>
<tr>
<td>Advocacy</td>
<td>Representation of individuals who cannot act on their own behalf and/or promoting individual rights and access to the resources that will allow them to fulfil their responsibilities.</td>
</tr>
<tr>
<td>Ambulatory care</td>
<td>Healthcare services that do not require the hospitalisation of a patient, such as those delivered at a physician’s office, clinic, casualty or outpatient facility.</td>
</tr>
<tr>
<td>Appraisal system</td>
<td>The evaluation of the performance of individuals or groups by colleagues using established criteria.</td>
</tr>
<tr>
<td>Appropriateness</td>
<td>The extent to which a particular procedure, treatment, test or service is effective, clearly indicated, not excessive, adequate in quantity, and provided in the setting best suited to the client’s needs.</td>
</tr>
<tr>
<td>Assessment</td>
<td>Process by which the characteristics and needs of clients, groups or situations are evaluated or determined so that they can be addressed. The assessment forms the basis of a plan for services or action.</td>
</tr>
</tbody>
</table>
Audit

1. Systematic inspection of records or accounts by an external party to verify their accuracy and completeness.
2. Periodic in-depth review of key aspects of the organisation’s operations. An audit provides management with timely information about specific topics and/or the cost-effectiveness of operations, addressing both quality and resource management issues.
3. In performance measurement, regular systematic, focused inspections by an external party of organisation records and data management processes to ensure the accuracy and completeness of performance data.
4. See also clinical audit.

Benchmarking

A method of improving processes by studying the processes of organisations that have achieved outstanding results and adapting these processes to fit the particular needs and capabilities of the healthcare facility concerned.

Biologicals

Medicines made from living organisms and their products including, for example, serums, vaccines, antigens and antitoxins.

Biohazard

Biohazards are infectious agents or hazardous biological materials that present a risk or potential risk to the health of humans, animals or the environment. The risk can be direct (through infection) or indirect (through damage to the environment). Biohazardous materials include certain types of recombinant DNA; organisms and viruses infectious to humans, animals or plants (e.g. parasites, viruses, bacteria, fungi, prions, rickettsia); and biologically active agents (i.e. toxins, allergens, venoms) that may cause disease in other living organisms or cause significant impact to the environment or community. Biological materials not generally considered to be biohazardous may be designated as biohazardous materials by regulations and guidelines.

Business plan

A plan of how to achieve the mission of the facility. The plan includes financial, personnel and other sub-plans, as well as service development and a quality strategy.

Cardiopulmonary resuscitation (CPR)

The administration of artificial heart and/or lung action in the event of cardiac and/or respiratory arrest. The two major components of cardiopulmonary resuscitation are artificial ventilation and closed-chest cardiac massage.

Carer

Anyone who regularly and, in an unpaid capacity, helps a relative or friend with domestic, physical or personal care required by virtue of illness or disability.

Certification

The procedure and action by which a duly authorised body evaluates and recognises (certifies) an individual, institution or programme as meeting predetermined requirements, such as standards. Certification differs from accreditation in
that certification can be applied to individuals (e.g., a medical specialist), whereas accreditation is applied only to institutions or programmes (e.g., a hospital or a training programme). Certification programmes may be non-governmental or governmental and do not exclude the uncertified from practice, as do licensure programmes. While licensing is meant to establish the minimum competence required to protect public health, safety and welfare, certification enables the public to identify those practitioners who have met a standard of training and experience that is set above the level required for licensure.

### Clinic

1. A defined healthcare session in a healthcare setting.
2. A defined healthcare setting.

### Clinical audit

A clinically led initiative that seeks to improve the quality and outcome of patient care through structured peer review, in terms of which clinical personnel examine their practices and results against agreed standards and modify their practice where indicated.

### Clinical personnel

All healthcare workers who are registered/enrolled with a professional body, and who are involved in the care of clients/patients in a particular setting. (See also [health professionals](#)).

### Clinical practice guideline

A generally accepted principle for patient management based on the most current scientific findings, clinical expertise and community standards of practice.

### Clinical practice pathway

The optimal sequence and timing of interventions by physicians, nurses and other disciplines for a particular diagnosis or procedure, designed to minimise delays and resource utilisation and to maximise the quality of care. Clinical pathways differ from practice guidelines, protocols and algorithms as they are used by a multidisciplinary team and focus on quality and co-ordination of care.

### Clinician

Refers to a person registered as a medical doctor.

### Clinical privileges

Authorisation granted by the governing body to clinical personnel to provide specific patient care services in the organisation within defined limits, based on an individual practitioner’s registration, education, training, experience, competence, health status and judgement. (See also [privileging](#)).

### Clinical waste

Clinical waste is waste arising from medical, dental or veterinary practice or research, which has the potential to transmit infection. Other hazardous waste, such as chemical or radioactive, may be included in clinical waste, as well as waste such as human tissues, which requires special disposal for aesthetic reasons.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>A collectivity of individuals, families, groups and organisations that interact with one another, co-operate in common activities, solve mutual concerns, usually in a geographic locality or environment.</td>
</tr>
<tr>
<td>Complementary therapist</td>
<td>Any practitioner who offers an alternative therapy to orthodox medical treatment. Complementary medicine does not replace conventional medicine.</td>
</tr>
<tr>
<td>Compliance</td>
<td>To act in accordance with predetermined requirements, such as standards.</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>The assurance of limits on the use and dissemination of information collected from individuals.</td>
</tr>
</tbody>
</table>
| Contaminated blood supplies | 1. Any blood supply that was issued to a patient after cross matching, but was not used.  
                              | 2. Any blood that was not transfused and is left in the bag.  
                              | 3. The empty bags after a blood transfusion.                                                                                               |
| Continuity                  | The provision of co-ordinated services within and across programmes and organisations, and during the transition between levels of services, across the continuum, over time, without interruption, cessation or duplication of diagnosis or treatment. |
| Continuum                   | The cycle of treatment and care incorporating access, entry, assessment, care planning, implementation of treatment and care, evaluation and community management. |
| Continuing education        | 1. Activities designed to extend knowledge to prepare for specialisation and career advancement and to facilitate personal development.  
                              | 2. Education beyond initial professional preparation that is relevant to the type of client service delivered by the organisation that provides current knowledge relevant to the individual's field of practice, and that is related to findings from quality improvement activities. |
| Contract administration      | Written agreements and the administration thereof between the purchaser of the service (the healthcare facility) and the provider of the service (the external company). |
| Contracted service          | A service that is obtained by the organisation through a contract with an agency or business. The contracted service is monitored and co-ordinated by the organisation's staff and complies with national regulations and organisational policies. |
| Credentialing               | The process of obtaining and reviewing the clinical training, experience, certification and registration of a healthcare professional to ensure that competence is maintained and consistent with privileges. |
Criterion

A descriptive statement that is measurable and that reflects the intent of a standard in terms of performance, behaviour, circumstances or clinical status. A number of criteria may be developed for each standard.

Data

Unorganised facts from which information can be generated. Implies that it is for a given time span.

(a) Longitudinal data

When a data set is compared with like data sets or with a given time, usually of the previous month or year.

(b) Comparative data

Unorganised facts from which information can be generated. Implies that it is for a given time span.

Data retention

Guidelines on how long an organization should keep information on various media.

Delegation

Act or function for which the responsibility has been assigned to a particular person or group. The ultimate accountability for the act remains with the original delegating person or group.

Discharge note

The discharge note provides the patient and the patient’s carers with written follow-up instructions, including medication, any specific dietary and medical orders and when to return for follow-up treatment, or where the patient must go to obtain further treatment.

Discharge summary

Follow-up instructions recorded in writing in the patient’s record by the medical practitioner. The discharge summary includes:

- the reason for admission;
- significant findings;
- final diagnosis;
- the results of investigations that will influence further management;
- all procedures performed;
- medications and treatments administered;
- the patient’s condition at discharge;
- discharge medications and follow-up instructions.

Effectiveness

Successfully achieving or attaining results (outcomes), goals or objectives.

Efficiency

Refers to how well resources (inputs) are brought together to achieve results (outcomes) with minimal expenditure.

Element, generic

An organisational system within a service element that must achieve and maintain the stated standards and criteria in order for the service element to function optimally.

Element, service

Organisational unit of the hospital/clinic or staff with a director, manager or other designated person in charge. May be a professional service, such as nursing or surgery; a professional support service, e g radiology, physiotherapy; a general support system such as administration or health record system; a committee to guide aspects of the service, e g health and safety, or a community health service.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethics</td>
<td>Standards of conduct that are morally correct.</td>
</tr>
</tbody>
</table>
| Evaluation                   | 1. The process of determining the extent to which goals and objectives have been achieved. Actual performance or quality is compared with standards in order to provide a feedback mechanism that will facilitate continuing improvement.  
2. For the purposes of accreditation, an assessment of the performance of an organisation based on accreditation standards, without or before rendering an accreditation decision. The results of the assessment can be used to determine an accreditation decision or simply be made available to the subject organisation or a requesting third party. The evaluation may be identical to an accreditation survey or may be customised to meet the requester’s needs. |
| Facility                     | The health centre, general practice, or any other site providing a health service.                                                                                                                                 |
| Function                     | A goal-directed, interrelated series of processes, such as patient assessment, patient care and improving the organisation of care.                                                                      |
| Governance                   | The function of determining the organisation’s direction, setting objectives and developing policy to guide the organisation in achieving its mission.                                                      |
| Governing body               | Individuals, group or agency with ultimate authority and accountability for the overall strategic directions and modes of operation of the organisation, also known as the council, board, etc. |
| Guidelines                   | Principles guiding or directing action.                                                                                                                                                                   |
| Health                       | A state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity.                                                                                                 |
| Health professionals         | Medical, nursing or allied health professional staff who provide clinical treatment and care to clients, having membership of the appropriate professional body and, where required, having completed and maintained registration or certification from a statutory authority. (See also clinical personnel.) |
| Health promotion             | Process that enables people to increase control over and to improve their health (World Health Organisation, 1986).                                                                                           |
| Health record                | Compilation of pertinent facts of a patient’s life and health history, including past and present needs and interventions, written by team members contributing to the care and treatment of the patient. |
| High-risk                    | Refers to aspects of service delivery which, if incorrect, will place clients at risk or deprive them of substantial benefit.                                                                               |
High-volume

Refers to aspects of service delivery that occur frequently or affect large numbers of clients.

Human resource planning

Process designed to ensure that the personnel needs of the organisation will be constantly and appropriately met. Such planning is accomplished through the analysis of internal factors such as current and expected skill needs, vacancies, service expansions and reductions, and factors in the external environment such as the labour market.

Health summary

A ‘health summary’ is written by the medical practitioner assisted by the nurse in charge of the medical record. It can be read once the patient has been discharged and revisits the same hospital. The health summary will quickly and accurately inform the staff at the hospital of the condition and treatment the patient received at the previous visit.

Implementation

The delivery of planned health care.

Integrity of data

Relates to the completeness and accuracy of a set of data required to fulfil a particular information need. This data is protected from unauthorised additions, alterations or deletions.

Incident plan, external

A plan that defines the role of the hospital in the event of a major national or local disaster that may affect the health of many people. The plan is developed in participation with the relevant local authority, police, civil defence, fire brigade and ambulance teams.

Incident plan, internal

A plan that provides details of preparation for action in the event of a disaster within the hospital that affects the health or safety of patients and staff, such as fire, bomb threats, explosions, loss of vital services.

Incidents

Events that are unusual, unexpected, may have an element of risk, or that may have a negative effect on clients, groups, staff or the organisation.

Indicator

1. A measure used to determine, over time, performance of functions, systems or processes.
2. A statistical value that provides an indication of the condition or direction, over time, or performance of a defined process or achievement of a defined outcome.
3. The measurement of a specific activity that is being carried out in a healthcare setting, e.g. weight for age is a measurement of a child’s nutritional status.

Induction programme

Learning activities designed to enable newly appointed staff to function effectively in a new position.

Information

Data that is organised, interpreted and used. Information may be in written, audio, video or photographic form.

Information management

Planning, organising and controlling data. Information management is an organisation-wide function that includes clinical, financial and administrative databases. The
management of information applies to computer-based and manual systems.

Informed consent

Informed consent is a process whereby a patient is provided with the necessary information/education to enable him/her to evaluate a procedure with due consideration of all the relevant facts. This will enable the patient to make an appropriate decision when determining whether to consent to or refuse the proposed treatment.

The patient or the guardian should be informed about the patient’s condition in as much detail as possible and in simple, non-medical language. The proposed service should be described and, if an invasive procedure is envisaged, it should be clearly explained. Facility staff must confirm that the patient or guardian has understood every detail.

Should the procedure or treatment have risks or side-effects, these should be described, making sure they are understood. In the same way, the benefits and possible outcomes should be discussed. Alternative treatments should be offered and discussed. If the patient/guardian should refuse the procedure/treatment, the consequences of such decision should be made clear and, if a second opinion is sought, the patient/guardian should be apprised of the consequences of the delay and be assisted to obtain a second opinion.

Information system

Network of steps to collect and transform data into information that supports decision-making.

In-service training

Organised education designed to enhance the skills of the organisation’s staff members or teach them new skills relevant to their responsibilities and disciplines.

Job description

Details of accountability, responsibility, formal lines of communication, principal duties and entitlements. It is a guide for an individual in a specific position within an organisation.

Leadership

The ability to provide direction and cope with change. It involves establishing a vision, developing strategies for producing the changes needed to implement the vision, aligning people, and motivating and inspiring people to overcome obstacles.

Licensing

The process whereby a governmental authority grants a healthcare organisation permission to operate following an on-site inspection to determine whether minimum health and safety standards have been met.

Management

Setting targets or goals for the future through planning and budgeting, establishing processes for achieving targets and allocating resources to accomplish plans. Ensuring that plans are achieved by the organisation, staffing, controlling and problem-solving.
**Mechanism**

The mode of operation of a process or a system of mutually adapted parts working together.

**Mission statement**

A statement that captures an organisation’s purpose, customer orientation and business philosophy.

**Monitoring**

A process of recording observations of some form of activity.

**Monitoring and evaluation**

A process designed to help organisations effectively use their quality assessment and improvement resources by focusing on high-priority, quality-of-care issues. The process includes identifying the most important aspects of the care the organisation (or department/service) provides, using indicators to systematically monitor these aspects of care; evaluating the care at least when thresholds are approached or reached to identify opportunities for improvement or problems; taking action(s) to improve care or solve problems; evaluating the effectiveness of those actions; and communicating findings through established channels.

**Multidisciplinary**

The combination of several disciplines working towards a common goal.

**Multidisciplinary team**

A number of people of several disciplines with complementary skills whose functions are interdependent. They work together for a common purpose or result (outcome) on a short-term or permanent basis. Examples include project, problem-solving, quality improvement and self-managed teams. For instance, the management team and quality improvement steering committees are multidisciplinary teams.

**Objective**

A target that must be reached if the organisation is to achieve its goals. It is the translation of the goals into specific, concrete terms against which results can be measured.

**Organisation**

Comprises all sites/locations under the governance of and accountable to the governing body/owners.

**Organisational chart**

A graphic representation of responsibility, relationships and formal lines of communication within the facility.

**Orientation programme**

1. Activities designed to introduce new staff to the work environment.
2. The process by which an individual becomes familiar with all aspects of the work environment and responsibilities, or the process by which individuals, families, and/or communities become familiar with the services and programmes offered by the organisation.

**Outcome**

Refers to the results of the healthcare provided, expressed in terms of the patient’s health status or physical or social function.
Peer review  The systematic, critical analysis of care, including the procedures used, treatment provided, the use of resources, and the resulting outcome and quality of life for the patient, with a view to improving the quality of patient care, by a group of persons of the same professional background.

Performance appraisal  The continuous process by which a manager and a staff member review the staff member’s performance, set performance goals, and evaluate progress towards these goals.

Performance measure  A quantitative tool or instrument that provides an indication of an organisation’s performance regarding a specified process or outcome.

Planning  The determination of priorities, expected outcomes and health interventions.

Planning, operational  Determining ways in which goals and objectives can be achieved.

Planning, project  The art of directing and co-ordinating human and material resources throughout the life of a project by using modern management techniques in order to achieve predetermined objectives of scope, quality, time and cost, and participant satisfaction.

Planning, strategic  Determining an organisation’s mission and determining appropriate goals and objectives to implement the mission.

Policy  Written statements that act as guidelines and reflect the position and values of the organisation on a given subject.

Practice  Partners in a professional practice, employed staff and their patients/clients.

Primary Health Care  The first level of contact of individuals, the family and community with the public health system, bringing health care as close as possible to where people live and work. Primary health care includes health education, promotion of proper nutrition, maternal and child health care (including family planning), immunisation against the major infectious diseases, appropriate treatment of common diseases and injuries, and the provision of essential drugs.

Privileging  Delineation, for each member of the clinical staff, of the specific surgical or diagnostic procedures that may be performed and the types of illness that may be managed independently or under supervision.

Procedure  A mode of action. A procedure outlines the detailed steps required to implement a policy.

Process  A sequence of steps through which inputs (from healthcare facilities) are converted into outputs (for patients).
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional registration</td>
<td>Registration in terms of current legislation pertaining to the profession concerned (e.g., the Health Professions Act no 56 of 1974 and its associated regulations).</td>
</tr>
<tr>
<td>Professional staff</td>
<td>Staff who have a college or university level of education, and/or who may require licensure, registration or certification from a provincial or state authority in order to practice, and/or staff who exercise independent judgment in decisions affecting the service delivered to clients.</td>
</tr>
<tr>
<td>Professional team</td>
<td>A number of healthcare professionals whose functions are interdependent. They work together for the care and treatment of a specific patient or group of patients.</td>
</tr>
<tr>
<td>Protocol</td>
<td>A formal statement. May include written policies, procedures or guidelines.</td>
</tr>
<tr>
<td>Quality</td>
<td>Degree of excellence, extent to which an organisation meets clients’ needs and exceeds their expectations.</td>
</tr>
<tr>
<td>Quality activities</td>
<td>Activities that measure performance, identify opportunities for improvement in the delivery of services, and include action and follow-up.</td>
</tr>
<tr>
<td>Quality control</td>
<td>The monitoring of output to check if it conforms to specifications or requirements and action taken to rectify the output. It ensures safety, transfer of accurate information, accuracy of procedures and reproducibility.</td>
</tr>
<tr>
<td>Quality improvement</td>
<td>The actions undertaken throughout the organisation to increase the effectiveness and efficiency of activities and processes, in order to bring added benefits to both the organisation and its customers.</td>
</tr>
<tr>
<td>Quality improvement programme</td>
<td>1. A planned, systematic use of selected evaluation tools designed to measure and assess the structure, process and/or outcome of practice against established standards, and to institute appropriate action to achieve and maintain quality.</td>
</tr>
<tr>
<td></td>
<td>2. A systematic process for closing the gap between actual performance and desirable outcomes.</td>
</tr>
<tr>
<td></td>
<td>3. Continuous quality improvement is a management method that seeks to develop the organisation in an orderly and planned fashion, using participative management, and has at its core the examination of process.</td>
</tr>
<tr>
<td>Recruitment and retention</td>
<td>The process used to attract, hire and retain qualified staff. Retention strategies may include reward and recognition programmes.</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>A dynamic process that allows disabled people to function in their environment at an optimal level. This requires comprehensively planned care and service for the total person.</td>
</tr>
</tbody>
</table>
Reliability: The ability of an indicator to accurately and consistently identify the events it was designed to identify across multiple healthcare settings.

Research: Critical and exhaustive investigation of a theory or contribution to an existing body of knowledge aimed at the discovery and interpretation of facts.

Responsibility: The obligation that an individual assumes when undertaking delegated functions. The individual who authorises the delegated function retains accountability.

Risk: Exposure to any event that may jeopardize the client, staff member, physician, volunteer, reputation, net income, property or liability of the organisation.

Risk management: A systematic process of identifying, assessing and taking action to prevent or manage clinical, administrative, property and occupational health and safety risks in the organisation in accordance with relevant legislation.

Safety: The degree to which potential risks and unintended results associated with health care are avoided or minimised.

Seamless continuum of care: In the ideal healthcare system, care is delivered in an integrated, uninterrupted, or ‘seamless’ flow. It is defined as an integrated, client-oriented system of care composed of both services and integrating mechanisms that guides and tracks clients over time through a comprehensive array of health, mental health and social services spanning all levels of intensity of care.

Setting: The particular healthcare environment that is appropriate for the patient’s needs during the continuum of care, i.e., inpatient care, outpatient attendance, rehabilitative and restorative unit, or community setting.

Staff: All individuals employed by the facility – this includes full-time, part-time, casual or contract, clinical and non-clinical personnel.

Staff development: The formal and informal learning activities that contribute to personal and professional growth, encompassing induction, in-service training and continuing education.

Stakeholder: Individual, organisation or group that has an interest or share in services.

Standards:
1. The desired and achievable level of performance corresponding with a criterion, or criteria, against which actual performance is measured.
2. For the purposes of accreditation, a predetermined expectation set by a competent authority that describes the acceptable level of performance of an organisation or individual in relation to structures in place, conduct of a process, or measurable outcome achieved.
Standard development

Standards for evaluation may be developed in three stages.  
1. **Normative development** entails establishing what experts believe should happen.  
2. **Empirical standards** reflect what is achievable in practice.  
3. A **compromise** between what is professionally optimal and what can reasonably be expected to operate.

Standard, minimum

A predetermined expectation set by a competent authority that describes the minimally acceptable level of (a) structures in place (b) performance of a process and/or (c) measurable outcome that is practically attainable.

Standard, patient-centred

For the purposes of accreditation, standards that address and are organised around what is done directly or indirectly, for or to patients (e.g., creation of patient records, patient assessment).

Standards-based evaluation

An assessment process that determines a healthcare organisation’s or practitioner’s compliance with pre-established standards.

Step-down facility

The Joint Commission (*Survey Protocol for Sub-acute Programmes, 1995*) defines a step-down unit as follows:

“At the most complex end (of a range of sub-acute care services) are the short-stay, transitional step-down units, which are often, but not always, attached to hospitals. These units provide a substitute for continued hospital stay. They serve very sick patients, for example, those in cardiac recovery, those in oncology recovery receiving chemotherapy and radiation, or others who need complex wound management or who suffer from complicated medical conditions. These sub-acute care patients require more than 5 hours of daily nursing, heavy physician involvement, and heavy pharmacy and laboratory support. The average stay is 5–30 days.” (See also *sub-acute care centre*).

Structure

The physical and human resources of an organisation.

Subacute care centre

The Joint Commission (*Survey Protocol for Sub-acute Programmes, 1995*) defines sub-acute care as follows:

Sub-acute care is goal-oriented, comprehensive, inpatient care designed for an individual who has had an acute illness, injury or exacerbation of a disease process. It is rendered immediately after, or instead of, acute hospitalization to treat one or more specific, active, complex medical conditions or to administer one or more technically complex treatments in the context of a person’s underlying long-term conditions and overall situation. Generally, the condition of an individual receiving sub-acute care is such that the care does not depend heavily on high technology monitoring or complex diagnostic procedures.”

Surveyor

A physician, nurse, administrator, or any other healthcare professional who meets COHSASA surveyor selection
criteria, evaluates standard compliance, and provides consultation regarding standard compliance to surveyed organisations.

**System**
The sum total of all the elements (including processes) that interact to produce a common goal or product.

**Team**
A number of people with complementary skills whose functions are interdependent. They work together for a common purpose or result (outcome) on a short-term or permanent basis. Examples include project, problem-solving, quality improvement and self-managed teams. (See also multidisciplinary team and professional team.)

**Timeliness**
The degree to which care is provided to the patient at the most beneficial or necessary time.

**User**
Someone who uses or could use the services offered by the facility.

**Utilisation management**
Proactive process by which an organisation works towards maintaining and improving the quality of service through the effective and efficient use of human and material resources.

**Utilisation review**
A method of controlling utilisation that may be:
- *Prospective* (pre-admission certification) – The purpose is to assess whether hospitalisation has been justified, and is diagnosis-independent.
- *Concurrent* – Conducted to assess inpatient care at the time it is provided – the use of resources, the timeliness with which treatment is provided, and the adequacy and timeliness of discharge planning.
- *Retrospective* – Follows a patient’s discharge from the hospital or any patient who has received ambulatory care.

**Validation of survey**
A process whereby a COHSASA facilitator assesses the completed self-assessment documents of a facility. The validation ensures that criteria have been correctly interpreted, appropriately answered, and that the technical aspects of the assessment have been correctly addressed. The facilitator uses the opportunity to provide education and consultation on standard interpretation and compliance.

**Vision**
A short, succinct statement of what the organisation intends to become and to achieve at some point in the future.

**Waste management**
Collection, treatment, storage, transportation and disposal of waste material, including biomedical, household, clinical, confidential and other waste.

**Workload measurement**
Manual or computerised tool for assessing and monitoring the volume of activity provided by a specific team in relation to the needs for the care and treatment, or service they are providing.