

SE07 - Inpatient Care

7.1 - Management and staffing

7.1.1 - The inpatient services are managed and staffed by qualified care providers.

7.1.1.1 - A duty roster for the relevant caregivers, including weekends and public holidays and after hours is available and known by the inpatient staff members.

7.1.1.2 - A designated qualified staff member is responsible for managing the in-patient services.

7.1.1.3 - The number and qualifications of the inpatient staff members correspond with the scope of services provided and needs of the patients.

7.1.1.4 - New inpatient staff members are oriented to the healthcare facility and to their job.

7.1.2 - Routine care processes are performed in a coordinated manner.

7.1.2.1 - Regular ward rounds lead to an appropriate re-assessment of patients and an update of the care plan, and both are documented.

7.1.2.2 - There is an organized system to screen and admit patients.

7.1.2.3 - Patient's assessments lead to an individual plan of care which is reviewed and documented within 24 hours of admission.

7.1.2.4 - Relevant medical information of each patient is documented and exchanged during handovers at the start and end of each shift.

7.1.3 - Patient and staff identification promotes effective communication.

7.1.3.1 - Identification of patients prior to medical procedures is standardized.

7.1.3.2 - All staff wear uniforms and has ID/name badges for easy identification.

7.1.3.3 - Nurses are allocated to patients and patients know who is allocated to them.

7.1.3.4 - Each patient confined to bed has access to an effective nurse call system at all times.

7.2 - Infrastructure and supplies

7.2.1 - The infrastructure/layout is adequate for providing safe care to patients in the ward.

7.2.1.1 - There is adequate space and privacy for patients in the wards.

7.2.1.2 - There is a separate area (scullery/sluice room) for patients' eliminations, waste and laundry.

7.2.1.3 - There is adequate space for staff (e.g. for handovers, administration).

7.2.1.4 - There's a designated area for highly contagious patients, or those with compromised immune systems, in order to isolate them from others.

7.2.2 - There are adequate non-medical resources for providing safe care to patients in the ward.

7.2.2.1 - Number of beds, mattresses and bed linen meets the patient needs.

7.2.2.2 - Patients are informed about which personal hygiene materials to bring themselves.

7.2.2.3 - Hygiene materials for patients confined to bed meet the patient needs.

7.2.2.4 - Number of bed nets are adequate to meet the patient needs.

7.2.3 - There is adequate access to pharmaceuticals for providing safe care to patients in the ward.

7.2.3.1 - There is 24-hour access for staff to pharmaceuticals within the healthcare facility.

7.2.3.2 - Drug cabinets in the ward are locked and only accessible to authorized staff.

7.2.3.3 - Pharmaceuticals, vaccines and medical consumables stocked meet the patient care needs.

7.2.3.4 - Drug cabinets in the ward are routinely (re)stocked and expiry dates are checked.

7.3 - Infection prevention and control (IPC)

7.3.1 - Staff and patients are guided in prevention of person to person transmission of infections.

7.3.1.1 - Handwashing facilities, including soap and (paper) towels, or alternatives e.g. gel or sanitizers, are available.

7.3.1.2 - Guidelines for hand hygiene are available and reminders (posters) are available at relevant sites.

7.3.1.3 - Adequate PPE is available for staff (gloves, aprons, masks, etc.) and are used correctly.

7.3.1.4 - Sanitary and washing facilities are available in the ward for the patients.

7.3.2 - Staff is guided in management of contaminated equipment and infectious waste.

7.3.2.1 - There is a guideline for the handling and processing of contaminated materials and infectious waste. .

7.3.2.2 - Adequate materials for proper handling of contaminated materials and disposal of infectious waste are available (e.g. body fluids, contaminated linen).

7.3.2.3 - There is (access to) sterilization equipment (autoclave or equivalent) which is functional and sufficient for the workload.

7.3.2.4 - Staff is aware of correct wrapping, handling and checking sterility of packs.

7.4 - Care processes and guiding documents

7.4.1 - Staff is guided in adequate monitoring of vital signs.

7.4.1.1 - Vital signs are regularly monitored, recorded and signed.

7.4.1.2 - Equipment for monitoring patients' vital signs is available.

7.4.1.3 - There is a document that guides staff in early recognition of deteriorating vital parameters.

7.4.1.4 - Staff can explain 'how to call for assistance'.

7.4.2 - Staff is guided in identifying patients who need special care.

7.4.2.1 - There is a document that guides staff in the assessment and management of pain.

7.4.2.2 - Staff can explain how to recognize and manage altered cognitive state (e.g. delirium) and mental disorders.

7.4.2.3 - Staff can explain how to recognize patients at risk for nutritional problems and how to obtain nutrition assessment and therapy for the patient.

7.4.2.4 - Staff is orientated on how to identify patients who require special care.

7.4.3 - Staff is guided in the provision of invasive procedures.

7.4.3.1 - Nurses follow protocols/checklists for invasive procedures.

7.4.3.2 - Equipment for the provision of invasive procedures meet the patient care needs.

7.4.3.3 - The staff is trained in performing invasive procedures and guidelines on professional development are available.

7.4.3.4 - Wound care standard operating procedures (SOPs) are available.

7.4.4 - Staff is guided in resuscitation to provide safe patient care in the ward.

7.4.4.1 - Resuscitation equipment and supplies meets the patient care needs and is regularly checked.

7.4.4.2 - There is a document guiding staff in the usage of resuscitation equipment and when/how to alert trained staff.

7.4.4.3 - Staff is trained on the usage of resuscitation guidelines.

7.4.4.4 - Implementation of guidelines and outcomes is monitored and evaluated to improve processes where needed.

7.4.5 - Staff is guided in safe administration of oxygen to patients in the ward.

7.4.5.1 - There is a document guiding staff how to administer oxygen.

7.4.5.2 - Oxygen supplies in the ward meet the patient care needs and are stored in accordance with local safety standards.

7.4.5.3 - Cylinder pressures (i.e. contents) are constantly monitored while patients are receiving oxygen.

7.4.5.4 - Correct implementation of guidelines can be observed in the ward.

7.4.6 - A system is used to ensure that medications are administered correctly to the right patient at the right time.

7.4.6.1 - Patients are identified before the medications are administered.

7.4.6.2 - Only those permitted by the healthcare facility and by relevant laws and regulations administer medications.

7.4.6.3 - Medications are verified against the prescription (including name, dosage, route of administration).

7.4.6.4 - Adverse medication reactions are monitored and reported in the patient's record and in the healthcare facility according to the national requirements.

7.4.7 - Patient care is guided by clinical practice guidelines.

7.4.7.1 - Clinical practice guidelines, from recognized sources, are present and used to guide care for the services provided by the healthcare facility.

7.4.7.2 - Staff is orientated and can explain how and when to use the clinical guidelines.

7.4.7.3 - Guidelines are reviewed and kept current and new guidelines reviewed and adopted.

7.4.7.4 - Actual guideline use is monitored and the results used for continuous improvement in clinical services.

7.4.8 - Patients and their family are actively involved in their care and recovery process.

7.4.8.1 - Patients and their families are educated about financial implications of their decisions.

7.4.8.2 - The patient and their family are actively involved in care decisions and are educated on the health implications of their decisions.

7.4.8.3 - Information regarding the condition or relevant high health risk is given to the patient and family in an understandable manner.

7.4.8.4 - Information given to the patient and family and their active involvement in care decisions is recorded and signed in the patient's record.

7.4.9 - Safe mobility of the patient is facilitated where possible to enable a speedy recovery.

7.4.9.1 - Number and availability of devices for facilitating patients' mobility meet the patient needs.

7.4.9.2 - Number and availability of devices to prevent patients' falling meet the patient needs.

7.4.9.3 - There is a guideline that describes how to promote mobility of patients in order to prevent complications.

7.4.9.4 - Patients receive professional physiotherapy care and assistance with rehabilitation if required.

7.4.10 - There is an organized process for appropriately discharging patients.

7.4.10.1 - Adequate follow-up instructions are recorded on the discharge note upon discharge by the medical practitioner.

7.4.10.2 - There is a documented process for appropriately discharging patients.

7.4.10.3 - There is a list of referral facilities and staff can explain how continuation of care is organized.

7.4.10.4 - The patient (and their families when appropriate) understand the follow-up instructions upon discharge.

7.4.11 - Staff is guided in measures to deal with deceased patients.

7.4.11.1 - There is a policy or guideline on how to deal with deceased patients.

7.4.11.2 - Where there is a morgue unit, it has enough body storage capacity and it has direct access from the healthcare facility.

7.4.11.3 - Where there is a morgue unit, it has sufficient infection control measures.

7.4.11.4 - Where there is a morgue unit, it offers adequate security for bodies and personal belongings of the deceased.