

Safe Care

BASIC HEALTHCARE STANDARDS

STANDARDS v3.1

PHARMACCESSGROUP

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Safe Care
BASIC HEALTHCARE STANDARDS

Contents

Introduction to SafeCare..... 3

Designed for resource-restricted settings 3

Structure of the SafeCare standards..... 3

SafeCare Assessment process and Quality Improvement Plan (QIP) 5

SE01 - Governance & Management..... 6

SE02 - Human Resource Management 10

SE03 - Patient and Family Rights & Access to Care..... 13

SE04 - Management of Information 16

SE05 - Risk Management 18

SE06 - Primary Healthcare (Outpatient) Services 21

SE07 - Inpatient Care 31

SE08 - Surgery & Anesthesia Services..... 36

SE09 - Laboratory Services..... 42

SE10 - Diagnostic Imaging Services..... 46

SE11 - Medication Management 49

SE12 - Facility Management Services..... 52

SE13 - Support Services..... 56

Introduction to SafeCare

SafeCare has introduced standards to provide public and private health facilities with independent quality assessments and supports both public and private healthcare facilities to go through a stepwise improvement program to deliver safe and quality-secured care to their patients. The standards are designed to help bridge the gap between today and a better tomorrow, bringing healthcare quality and patient safety to new levels.

The SafeCare standards version 1.2 have been accredited in 2012 by the **International Society for Quality in Healthcare** (ISQua), the global leader in healthcare quality that “accredits the accreditors”. SafeCare Foundation has submitted the new SafeCare standards version 3.1 for accreditation by ISQua.

The SafeCare standards and methodology enable healthcare facilities to measure and improve the quality, safety and efficiency of their services. Built upon the Donabedian Model of healthcare quality, the SafeCare standards evaluate the structures and processes that guide the delivery of healthcare services.

With technical support from SafeCare and its partner organizations, facilities will be equipped to move forward along a trajectory that can result in international accreditation. SafeCare’s network of assessors has a proven track record of supporting facilities to improve the safety and quality of the services that they provide. To view a dashboard with comprehensive program results, visit www.safe-care.org.

Designed for resource-restricted settings

The SafeCare standards were designed specifically to target health facilities in low- and middle-income countries. These facilities operate in challenging environments that are often defined by staffing shortages, resource-restrictions, and inadequate infrastructure. A wide range of facilities can be assessed using the standards, including public, private, and not-for-profit facilities ranging from health shops, to basic and primary health centers, as well as district hospitals.

Structure of the SafeCare standards

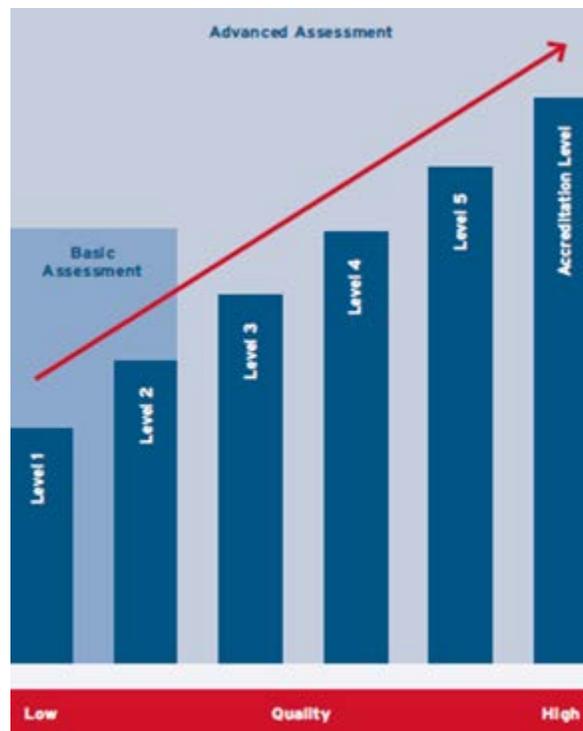
The SafeCare standards cover the full range of clinical services and management functions, as well as infrastructural aspects and ancillary services (e.g. kitchen, cleaning and laundry), enabling a holistic view on all required components for safe and efficient healthcare service provision. The structure of the SafeCare standards is visualized on next page below. The four broad categories are divided into 13 Service Elements (SEs), linked to separate management responsibilities within the healthcare facility.

Each SE contains a number of standards that are assessed in order to check the level of compliance of the healthcare facility and to identify priority gaps. Only the services which are provided by the healthcare facility are assessed. There are 170 standards in total and for each standard 4 criteria are defined for concrete measurement.

The first criterion of each standard is included in the BASIC SafeCare assessment, (170 criteria in total), while the ADVANCED SafeCare assessment consists of all 4 criteria (680 criteria in total).



SafeCare awards healthcare facilities with **Certificates of Improvement** reflecting the quality level, ranging from 1 (modest quality) to 5 (high quality). The certification process aims to introduce a transparent, positive, and encouraging rating system which recognizes that each step forward results in an improvement in quality.



The following section contains a summary of the SafeCare Standards for **quick reference** and represent:

Service Elements (13 total): describing individual areas of management responsibility within a healthcare facility.

Performance Indicators (45 total), describing main sections within the individual Service Elements, e.g prevention of infection, mother and child care, dental health.

SafeCare Assessment process and Quality Improvement Plan (QIP)

The BASIC assessment is performed by one qualified assessor and completed in one day, enabling efficiency in the first step of the quality improvement process. For facilities which have moved further on the quality improvement path, the ADVANCED set of standards is used and this assessment is performed by a team of two qualified assessors. In order to facilitate an efficient and effective assessment process, the facility management is requested to prepare prior to any SafeCare assessment with regard to:

1. Introducing SafeCare standards to all staff members
2. Preparing relevant documents (if available, see list below, page 8)

All applicable criteria are assessed by qualified assessors in order to determine standard compliance. Each criterion is scored either **Fully Compliant** (FC), **Partially Compliant** (PC), or **Not Compliant** (NC). Criteria related to services which are not provided by the facility, are scored **Not Applicable** (NA) and excluded from calculations. All information obtained from assessments is treated as confidential. After each SafeCare assessment, facilities receive a detailed report outlining the facility's performance for each Service Element.

Based on the identified gaps during an assessment, a Quality Improvement Plan (QIP) is developed. It contains a list of specific and measurable activities for the facility to complete in order to increase adherence to the standards and address the most urgent issues. The Quality Improvement Plan helps the facility to improve by providing the following information for each activity: the staff member who is responsible, the estimated budget that will be required, and a timeline to guide implementation. This approach enables the facility to monitor progress toward completion of each activity defined in the Quality Improvement Plan.

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SE01 - Governance & Management

1.1 - Governance of the healthcare facility

1.1.1 - The governance structure as well as responsibilities and accountability of the governing body are documented and are known to the healthcare facility managers.

1.1.1.1 - The governance structure is documented (organogram/chart).

1.1.1.2 - The relationship between the healthcare facility managers and leaders and governance is documented in the governance structure.

1.1.1.3 - The governance structure, accountabilities and responsibilities are known to managers.

1.1.1.4 - Regional or district managers (if applicable) perform regular supervisory visits.

1.1.2 - The responsibilities of the governing entity for the operation of the healthcare facility are carried out in accordance with organizational policy.

1.1.2.1 - Those responsible for governance define, approve and monitor the healthcare facility's strategic plans, mission statement, operational plans and policies.

1.1.2.2 - Those responsible for governance approve or provide the healthcare facility's operating budget(s) required to meet the healthcare facility's mission.

1.1.2.3 - Those responsible for governance appoint and periodically evaluate the healthcare facility manager.

1.1.2.4 - Those responsible for governance approve, (periodically) review and make public the healthcare facility's mission statement.

1.1.3 - The healthcare facility complies with national laws and regulations and operates under a valid current license.

1.1.3.1 - The healthcare facility has a current license, issued by an acknowledged healthcare licensing authority, to operate as a healthcare facility.

1.1.3.2 - The healthcare facility has valid licenses for specific services (e.g. pharmacy, diagnostic imaging, laboratory, dental) issued by an acknowledged authority, according to local legislation.

1.1.3.3 - There is a process that ensures that licenses are renewed within the required timeframe.

1.1.3.4 - There is a dedicated file that has all the license related documentation.

1.2 - Management of the healthcare facility

1.2.1 - A healthcare facility leader(s), a manager or a leadership team, is responsible for operating the healthcare facility and complying with applicable laws and regulations.

1.2.1.1 - A healthcare facility leader(s) is appointed and is responsible for operating the healthcare facility and carrying out the healthcare facility's mission.

1.2.1.2 - The healthcare facility leader(s) has the education and experience to carry out his/her responsibilities.

1.2.1.3 - The healthcare facility leader(s) is responsible for creating and carrying out of the policies and procedures to support the activities of the healthcare facility and guide staff, patients and visitors.

1.2.1.4 - The healthcare facility leader(s) ensures compliance with policies, applicable laws and regulations.

1.2.2 - The healthcare facility leader(s) identifies and plans for the type of services required to meet the mission and the needs of the patients served by the healthcare facility.

1.2.2.1 - The healthcare facility leader(s) defines the care and services to be provided, compliant with national rules and regulations, and documents this in a service charter.

1.2.2.2 - A regular needs assessment is performed to ensure that the services provided are consistent with the healthcare facility's mission and needs of the population served.

1.2.2.3 - The healthcare facility leader(s) communicates information about its patient care services with key stakeholders in the community.

1.2.2.4 - The healthcare facility leader(s) is aware of services that are provided by other provider facilities operating in the area and has a current referral list available.

1.2.3 - The healthcare facility leader(s) ensures that supplies and provisions are ordered, received, safely stored and provided to the clinical care units in time to meet the patient needs.

1.2.3.1 - A qualified or experienced individual is designated for supply chain management.

1.2.3.2 - There is a system for ensuring that equipment and supplies are ordered, available, monitored for quality, correctly stored and distributed/dispensed.

1.2.3.3 - Adequate secure storage facilities are available.

1.2.3.4 - There is a system regarding the 'first expired first out' principle for stock.

1.2.4 - The healthcare facility leader(s) plans, develops and implements a quality improvement and patient safety program.

1.2.4.1 - The program is directed or managed by a designated individual or quality team.

1.2.4.2 - The healthcare facility leader(s) plans, develops and implements a quality improvement and patient safety program with an appropriate structure and adequate resources.

1.2.4.3 - Corrective and preventive actions (CAPA) are defined and implemented.

1.2.4.4 - The leadership team communicates quality improvement and patient safety information to all stakeholders concerned on a regular basis.

1.2.5 - Books of accounts, utilization data and budgets are kept and used as a source of management information.

1.2.5.1 - Books of accounts are kept in a manner that is appropriate for the size and complexity of the healthcare facility and external financial reporting meets national bookkeeping standards.

1.2.5.2 - There is a system for gathering utilization data of all (clinical) units.

1.2.5.3 - There is an annual budgeting cycle, whereby budgets have an adequate level of detail, based on prudent assumptions regarding projected income and expenditures.

1.2.5.4 - Books of accounts, budgets and utilization data are systematically and integrally reported and analyzed and used as a management information tool.

1.2.6 - The healthcare facility manages its money in an effective manner.

1.2.6.1 - The healthcare facility has developed and implemented appropriate cash management practices in Standard Operating Procedures.

1.2.6.2 - The healthcare facility implements standardized banking practices.

1.2.6.3 - There is an effective system for claims submission/invoicing to insurance companies/corporate clients and the monitoring of claims/invoices to ensure that the level of debtors is kept to a minimum.

1.2.6.4 - The healthcare facility actively monitors its cash flows.

1.2.7 - There is evidence that the healthcare facility keeps track of fixed assets and related maintenance activities.

1.2.7.1 - There is a Fixed Asset Register (FAR) which contains the relevant information for all fixed assets in the healthcare facility.

1.2.7.2 - There is a designated staff member who is responsible for the FAR.

1.2.7.3 - There is a maintenance program in place that ensures that fixed assets are kept in good condition and work as designed.

1.2.7.4 - There is a guideline describing the frequency of crosschecks of fixed assets and the FAR, including how and when to update the FAR.

1.2.8 - The healthcare facility regularly monitors (audits) key processes and healthcare services provided in order to continuously improve medical, financial and managerial performance.

1.2.8.1 - The healthcare facility leader(s) has defined which processes and services require auditing.

1.2.8.2 - There are auditing templates available to guide staff in the different auditing processes.

1.2.8.3 - Regular audits of specified guidelines and processes take place.

1.2.8.4 - The audit outcomes are recorded, discussed and corrective actions defined to improve performance.

SE02 - Human Resource Management

2.1 - Personnel planning

2.1.1 - There is a plan for the recruitment of healthcare facility staff.

2.1.1.1 - There is a staffing plan based on accepted national or international norms.

2.1.1.2 - There is a document that defines the recruitment and hiring process.

2.1.1.3 - Utilization data is used to project staffing mix and number.

2.1.1.4 - Staff absenteeism, sickness rates and turnover rates are recorded and analyzed to understand the appropriateness of the staffing plan.

2.1.2 - There is a (performance) review process for all staff in the healthcare facility.

2.1.2.1 - There is a process to ensure that skills and performance of healthcare facility staff is at the expected level.

2.1.2.2 - All staff members are evaluated at least once a year.

2.1.2.3 - The department or clinical unit service to which the individual is assigned conducts the evaluation.

2.1.2.4 - The evaluation for each staff member is recorded and entered into the staff member's personnel file.

2.2 - Personnel files and credentials

2.2.1 - Each staff member's responsibilities are defined in a current job description.

2.2.1.1 - Each staff member has a written job description which defines their responsibilities.

2.2.1.2 - Each staff member signs their job description/performance agreement to show that they accept it.

2.2.1.3 - Job descriptions are kept in individual staff files.

2.2.1.4 - Job descriptions/performance agreements are kept current and reviewed according to organizational policy.

2.2.2 - Personnel files are maintained for all staff.

2.2.2.1 - The information and documents noted in the Standard Intent are documented for each staff member.

2.2.2.2 - A designated staff member is responsible for the storage and retrieval of personnel records.

2.2.2.3 - Only authorized staff has access to the personnel files.

2.2.2.4 - Personnel files are kept current and reviewed annually.

2.2.3 - There is an effective process for gathering, verifying and evaluating the credentials (registration, education, training and experience) of healthcare professionals working in the facility.

2.2.3.1 - There is a process for evaluating and verifying the credentials (license, education, training and experience) of nurses and other health professionals (non physicians) working in the healthcare facility.

2.2.3.2 - The registration, education, training and experience of nurses and other health professionals (non physicians) are documented.

2.2.3.3 - There is a process for evaluating and verifying the credentials (license, education, training and experience) of physicians.

2.2.3.4 - The registration, education, training and experience of physicians are documented and used to assign clinical responsibilities.

2.3 - Staff orientation and education

2.3.1 - All staff members are orientated and inducted to the healthcare facility and to their specific job responsibilities at the time of appointment.

2.3.1.1 - New clinical staff members are oriented to the healthcare facility and to their job responsibilities and any specific assignments.

2.3.1.2 - New non-clinical staff members are oriented to the healthcare facility and to their job responsibilities and any specific assignments.

2.3.1.3 - Contract workers, trainees and volunteers are orientated to the healthcare facility, their job responsibilities and their specific assignments.

2.3.1.4 - There are written programs for orientating and inducting staff to the healthcare facility.

2.3.2 - Each staff member receives on-going in-service education and training to maintain or advance his/her skills and knowledge, based on identified needs.

2.3.2.1 - All staff are provided with on-going in-service education/training.

2.3.2.2 - There is a schedule for in-service education.

2.3.2.3 - The healthcare facility uses various sources of data and information to identify the in-service training/education needs of the staff.

2.3.2.4 - The healthcare facility management actively facilitates and supports Continuous Medical Education (CME) activities for all clinical staff.

SE03 - Patient and Family Rights & Access to Care

3.1 - Patient and family rights

3.1.1 - The healthcare facility leader(s) implements a patient's rights policy.

3.1.1.1 - The patient and family rights charter is clearly displayed in the healthcare facility and in line with national and international laws and regulations

3.1.1.2 - There is a policy that defines the patient's rights and related responsibilities of staff.

3.1.1.3 - Staff is aware of patient's rights and related staff responsibilities.

3.1.1.4 - The patients are aware of their rights from the posted rights or by staff explanation of their rights.

3.1.2 - The healthcare facility takes measures to protect patient privacy and confidentiality of health information.

3.1.2.1 - The patient's privacy is protected during registration, clinical interviews, examinations, counselling procedures and treatments.

3.1.2.2 - Policies and procedures to safeguard privacy ensure health information confidentiality.

3.1.2.3 - There is evidence of implementation of policies and procedures for patient privacy and confidentiality.

3.1.2.4 - Patient satisfaction regarding privacy and confidentiality of information is periodically measured by the healthcare facility.

3.1.3 - The healthcare facility provides (health) education to patients and families.

3.1.3.1 - The healthcare facility plans patient and family health education in a coordinated manner.

3.1.3.2 - All staff understand their role in providing relevant health education to patients and families and activities are recorded.

3.1.3.3 - The patient and his/her family are educated in a manner and language they can understand.

3.1.3.4 - The healthcare facility identifies and establishes relationships with community resources, which support continuing health promotion and disease prevention education.

3.1.4 - The healthcare facility informs patients about all aspects of their medical care and treatment as well as their rights and responsibilities to refuse or discontinue treatment.

3.1.4.1 - Patients are informed about their medical condition, any confirmed diagnosis and the planned care and treatment and the risk of certain medical procedures.

3.1.4.2 - Patients and families are informed about their right to participate in care decisions to the extent they wish, including the right to refuse or discontinue treatment.

3.1.4.3 - Patients are informed about the consequences of the decision to refuse or discontinue treatment.

3.1.4.4 - Staff is informed of their responsibility to implement and respect the choices of patients.

3.1.5 - The healthcare facility has a clearly defined process for obtaining informed consent in a manner and language that a patient can understand.

3.1.5.1 - There is a policy that guides the process of gaining and recording informed consent from the patient, including for which procedures or treatments this is required.

3.1.5.2 - Policies include specific guidance on gaining and recording informed consent when the patient is unable to give consent for any reason.

3.1.5.3 - Patients learn about the process for granting informed consent in a language and manner they understand.

3.1.5.4 - Evidence of patient consent is documented, when required.

3.1.6 - The healthcare facility has a process to receive and to act on complaints, conflicts and differences of opinion.

3.1.6.1 - There is a process to allow complaints to be heard.

3.1.6.2 - Patients are informed about the process for voicing complaints, conflicts and differences of opinion.

3.1.6.3 - Complaints, conflicts and differences of opinion are investigated and resolved.

3.1.6.4 - Patients and families are involved in the process.

3.2 - Access to care

3.2.1 - Patients have access to the healthcare facility based on their identified healthcare needs and the facility's mission and resources.

3.2.1.1 - The opening hours of the healthcare facility are displayed and compliant with country regulations.

3.2.1.2 - Barriers to special patient populations served are identified and reduced or when possible eliminated.

3.2.1.3 - The healthcare facility has access to adequate patient transport services during all opening hours.

3.2.1.4 - An appointment system is available for specialized services and adequately communicated to patients.

3.2.2 - Adequate infrastructural arrangements are in place to ensure that patients have access to the healthcare facility.

3.2.2.1 - There is a clearly readable sign on site, indicating the name and the designation of the healthcare facility, matching the services provided.

3.2.2.2 - The road to the healthcare facility allows for unrestricted access.

3.2.2.3 - Direction signs to the healthcare facility are clearly readable and up to date.

3.2.2.4 - Safe access to the building is provided for all patients, including those with a disability.

3.2.3 - Patients are given adequate information about the services provided by the healthcare facility and how to access those services.

3.2.3.1 - Patients are given information about the range of services and related fees.

3.2.3.2 - Information is provided in a way and in a language that is understood by the population served.

3.2.3.3 - The healthcare facility has a publicly available telephone/emergency number for patients to call the healthcare facility for all purposes, including emergencies.

3.2.3.4 - Clear directions to the various clinical service areas are in place through signage throughout the healthcare facility.

SE04 - Management of Information

4.1 - Information planning and usage

4.1.1 - The healthcare facility meets the data and information needs of those in and outside the facility.

4.1.1.1 - The healthcare facility has a health information management system that contains the data collected about provision of health services and management of the healthcare facility.

4.1.1.2 - The planning and design is based on the healthcare facility's size and complexity and includes all information needs, both from internal (clinical and managerial) and external sources (i.e. national registries).

4.1.1.3 - The system identifies staff permitted access to each category of data and information.

4.1.1.4 - Data for external reference databases are collected and distributed timely and in a correct format when required by laws or regulations.

4.1.2 - Data are used to provide relevant information for improving managerial and clinical practice.

4.1.2.1 - There are regular scheduled meetings, to identify the most frequently diagnosed diseases and morbidities.

4.1.2.2 - Staff have access to the data and information needed to carry out their job responsibilities.

4.1.2.3 - Data is aggregated, analyzed and used to provide relevant information for improving the managerial and clinical service.

4.1.2.4 - The frequency of data analysis meets the requirements for the healthcare facility and its staff.

4.2 - Patient health records

4.2.1 - The healthcare facility maintains a standardized clinical record for each patient assessed and/or treated and determines the record's content, format and location of entries.

4.2.1.1 - Each patient has a health record which has a unique identifier number.

4.2.1.2 - The specific content of entries (assessment and treatment notes) for health records is determined by the healthcare facility.

4.2.1.3 - Patient records are kept in a standardized format.

4.2.1.4 - There is a system that allows rapid retrieval and smooth distribution of health records so they are readily available on each patient visit.

4.2.2 - Patient records contain the required information to support the diagnosis, justify the treatment, and to document the course and results of treatment.

4.2.2.1 - Patient records contain patients' demographic information.

4.2.2.2 - Patient records contain adequate information about physical findings, assessment and diagnosis.

4.2.2.3 - Patient records contain adequate and up to date information about care and treatment.

4.2.2.4 - Patient records contain adequate information to document the course and results of treatment including errors/adverse events.

4.2.3 - The healthcare facility has a record keeping system that ensures the reliability of information.

4.2.3.1 - The staff member who enters clinical information to a patient health record signs and dates the entry.

4.2.3.2 - The patient entry records are clearly readable.

4.2.3.3 - There is a process to ensure that only authorized individuals make entries in patient clinical records.

4.2.3.4 - Patient records are reviewed regularly and results analyzed as part of the quality improvement process.

4.2.4 - There is a 'medical records' storage system that ensures confidentiality and safety.

4.2.4.1 - Storage space for medical records is of sufficient size and secured against unauthorized entry to ensure confidentiality.

4.2.4.2 - A designated individual is responsible for the storage, maintenance and retrieval of health records.

4.2.4.3 - There is provision that ensures authorized access to patient records during all hours of operation.

4.2.4.4 - Guidelines related to health records storage, retention and destruction are available.

SE05 - Risk Management

5.1 - Program planning

5.1.1 - The healthcare facility managers and leaders develop, implement and maintain an effective risk management program in the organization.

5.1.1.1 - A qualified/experienced individual/team is responsible for risk management.

5.1.1.2 - All risks, both clinical and non-clinical, are identified and recorded in a risk register.

5.1.1.3 - Based on the identified risks corrective and/or preventive actions (CAPA) are defined and implemented.

5.1.1.4 - All staff receive on-going in-service training about risk management.

5.1.2 - The healthcare facility develops and implements a plan(s) to respond to likely emergencies.

5.1.2.1 - There are documents that describe the organizations response to likely emergencies (including bomb threats, fire, flooding, natural disasters, failure of water and electrical supplies).

5.1.2.2 - There is document that describes the healthcare facility's response to a contagious disease outbreak (e.g. Ebola).

5.1.2.3 - Staff participate in a rehearsal of the emergency plan(s), with community agencies when appropriate.

5.1.2.4 - There is documentation that the emergency plan(s) is reviewed.

5.1.3 - The healthcare facility has an occupational health and safety (OHS) program.

5.1.3.1 - Staff have access to an occupational health and safety (OHS) program that meets applicable legislation and/or regulation.

5.1.3.2 - A designated staff member monitors the staff occupational health and safety (OHS) program.

5.1.3.3 - The healthcare facility has written procedures that guide the staff for occupational health and safety activities defined in the OHS program.

5.1.3.4 - Healthcare facility staff receive continuous occupational health and safety (OHS) training and this is documented.

5.2 - Safe and secure environment

5.2.1 - Security of staff, volunteers, patients, and visitors is ensured.

5.2.1.1 - There is a security system for limiting access to restricted areas in the healthcare facility.

5.2.1.2 - There is a process to report safety and security issues.

5.2.1.3 - The healthcare facility has a process for protecting patients and staff from assault and a mechanism is available for summoning the assistance of security/police/protection service in the case of an emergency.

5.2.1.4 - Alert systems and signals are in working order and tested every month.

5.2.2 - The healthcare facility ensures that all persons present in the facility are safe from fire and smoke.

5.2.2.1 - Sufficient fire detection and firefighting equipment is available and operational according to the healthcare facility needs and local, regional or national fire regulations.

5.2.2.2 - Firefighting equipment is regularly inspected and serviced.

5.2.2.3 - A floor plan, showing the location of firefighting equipment, electrical distribution board, the location of medical gases and other flammable materials and the evacuation routes and emergency exits, is displayed.

5.2.2.4 - A fire safety program for staff includes information and training on fire prevention and evacuation procedures.

5.3 - Infection prevention and control (IPC)

5.3.1 - The healthcare facility designs and implements an IPC program to reduce the risk of infections in patients and healthcare workers.

5.3.1.1 - Policies and procedures on infection prevention control (IPC) are in place and guide the staff in the implementation.

5.3.1.2 - A qualified member of staff monitors the infection control program.

5.3.1.3 - Regular in-service training is given to all staff on the subject of infection control.

5.3.1.4 - Data from IPC monitoring is analyzed for internal use and external reporting to the appropriate external public health agencies.

5.3.2 - The healthcare facility handles, stores and disposes of waste in a safe, and coordinated manner.

5.3.2.1 - Healthcare waste collection assets are available and allow for color-coded segregation.

5.3.2.2 - There is a waste management plan, consistent with current local bylaws and regulations.

5.3.2.3 - A training program for staff on waste management is available and implemented.

5.3.2.4 - The waste disposal and removal according to the waste management plan is monitored.

SE06 - Primary Healthcare (Outpatient) Services

6.1 - Management and staffing

6.1.1 - The primary care/outpatient healthcare facility has an adequate number and appropriate type of staff to meet patient needs.

6.1.1.1 - The number of staff members corresponds with the patient needs.

6.1.1.2 - A qualified staff member is responsible for managing the primary healthcare services.

6.1.1.3 - An on-call roster is available for after hours, weekend and holidays, and emergency coverage. Facilities without 24/7 care, display where to go for after hour services.

6.1.1.4 - For primary healthcare services not provided in the healthcare facility, there is a referral mechanism.

6.2 - Infrastructure and supplies

6.2.1 - The infrastructure/layout is adequate for providing safe care to patients.

6.2.1.1 - The lay-out of the healthcare facility allows for effective flow of patients.

6.2.1.2 - Designated spaces meet the needs of staff for clinical and non-clinical functions.

6.2.1.3 - A designated area has been indicated for emergency care.

6.2.1.4 - The waiting area is sufficient for the number of patients and services provided.

6.2.2 - The patient waiting areas are adequate and safe.

6.2.2.1 - The waiting areas are well ventilated, well maintained, tidy, clean, and not congested.

6.2.2.2 - There are enough chairs/benches for the waiting patients.

6.2.2.3 - Stretchers and wheel chairs are available and are functioning properly.

6.2.2.4 - Patient education material is displayed in waiting areas.

6.2.3 - The consultation rooms are adequate to provide safe patient care.

6.2.3.1 - The (number of) consultation rooms are adequate for the number of patients seen and are organized and clean.

6.2.3.2 - The consultation rooms are sufficiently furnished.

6.2.3.3 - Equipment for conducting assessments is available within close proximity of the consultation room.

6.2.3.4 - Each consultation room provides adequate privacy for patients.

6.3 - Infection prevention and control (IPC)

6.3.1 - Handwashing and sanitary facilities are adequate for patients and staff.

6.3.1.1 - Adequate handwashing facilities, including water, soap and (paper) towels, or alternatives e.g. gel or sanitizers are available.

6.3.1.2 - Posters on hand-hygiene are displayed at handwashing facilities.

6.3.1.3 - Sanitary facilities for staff and patients are available.

6.3.1.4 - The sanitary facilities are in working order and are clean.

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

6.3.2.1 - Adequate PPE is available for staff (gloves, gowns, etc.) and staff can explain how and when to use these.

6.3.2.2 - Assets for disposal of contaminated materials (e.g. infectious laundry) or infectious waste are available and used properly.

6.3.2.3 - Patients are informed on infection prevention (e.g. posters on handwashing and coughing).

6.3.2.4 - Staff can explain guidelines and implementation is observed.

6.3.3 - Staff is guided in cleaning, disinfection and sterilization procedures to prevent infections.

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

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

6.3.3.3 - There is a document to guide staff in processing of contaminated materials and infectious waste.

6.3.3.4 - Staff implements correct wrapping, handling and checking sterility of packs.

6.3.4 - Where midwifery services are provided, staff is guided in disinfection and sterilization procedures to prevent infections.

6.3.4.1 - Staff wrap, handle and store sterile packs according to guidelines.

6.3.4.2 - There is sufficient storage capacity for sterile packs which is well ventilated.

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

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

6.4 - Care processes and guiding documents

6.4.1 - There is a standardized process for triaging patients at the point of first contact.

6.4.1.1 - The triage process is guided by documents such as checklists/protocols/guidelines.

6.4.1.2 - Designated, qualified staff members are responsible for patient identification, and the triage of patients as they enter the healthcare facility.

6.4.1.3 - The triage process identifies patients who need immediate attention and how to fast track them.

6.4.1.4 - There is a system in place to record triage findings, waiting times and other information to ensure that patients are seen within acceptable time frames and professional standards.

6.4.2 - Assessments in consultation rooms lead to identification of patient's healthcare needs.

6.4.2.1 - Designated, qualified staff members are responsible for conducting patient assessments.

6.4.2.2 - There are national or international clinical guidelines in each consultation room which guide staff in assessing and treating patients.

6.4.2.3 - Relevant information regarding the disease and treatment is given to patients and families in an understandable manner and is supported by educational aid/posters.

6.4.2.4 - Staff can explain how follow up instructions are provided.

6.4.3 - Patients are educated on prevention of communicable and non-communicable diseases.

6.4.3.1 - There is a guideline for sexual transmitted infections (STI) screening, and staff educates patients on prevention, including partner notification.

6.4.3.2 - There is a guideline for prevention of diabetes and cardiovascular disease and staff educates patients on prevention practices including lifestyle changes.

6.4.3.3 - There is a guideline for cancer screening and staff educates patients on when, how and what to screen.

6.4.3.4 - Evidence of patient education and appropriate referral is observed.

6.4.4 - Staff is guided in the appropriate use of rapid diagnostic tests (RDTs) and point of care devices.

6.4.4.1 - There are SOPs guiding staff in performing RDTs.

6.4.4.2 - The point of care tests are in accordance with the MOH regulations (e.g. national algorithm).

6.4.4.3 - Test kits are correctly stored, are verified, and test results validated using appropriate internal controls, and validation results are recorded.

6.4.4.4 - Test results are recorded and authorized (signed and dated) in appropriate registers and patient's files.

6.4.5 - There is a program for preventing and treating malaria.

6.4.5.1 - Malaria diagnostics are available through microscopy and/or RDT malaria tests.

6.4.5.2 - There is a document which guides staff in recognizing emergency cases or complications of malaria, including the required follow-up actions (e.g. referral).

6.4.5.3 - Malaria medication is in stock and in compliance with current national guidelines.

6.4.5.4 - Staff educates patients on malaria prevention and treatment.

6.4.6 - There are adequate resources and guidelines to provide safe care in the treatment and minor surgery room.

6.4.6.1 - Appropriate equipment and materials for the services provided in the treatment room/minor surgery room are available.

6.4.6.2 - Designated, qualified staff members are responsible for procedures in the treatment room/minor surgery room.

6.4.6.3 - The healthcare facility has identified which kind of procedures they offer and protocols/guidelines for specific procedures are available.

6.4.6.4 - Staff can explain relevant guidelines.

6.4.7 - There are adequate resources to provide safe care for patients under observation.

6.4.7.1 - Sufficient equipment for monitoring vital signs is available.

6.4.7.2 - It is clear who is responsible for patients under observation.

6.4.7.3 - Each patient has access to a nurse call system at all times.

6.4.7.4 - There is appropriate privacy for patients under observation.

6.5 - Emergency services

6.5.1 - Staff is guided in the provision of cardiopulmonary resuscitation.

6.5.1.1 - Staff is trained in resuscitation and records are kept of their attendance of such training.

6.5.1.2 - The healthcare facility has a resuscitation guideline.

6.5.1.3 - All applicable cardiopulmonary resuscitation equipment is available and functioning.

6.5.1.4 - Outcomes of incidents of resuscitation are discussed and recorded in a logbook to improve service provision.

6.5.2 - Staff is guided in the provision of other emergency services.

6.5.2.1 - Guidelines are available to recognize and manage common or life threatening emergencies.

6.5.2.2 - The healthcare facility has listed which emergencies occur often and which level of care can be provided, or which pre-referral treatment can be given.

6.5.2.3 - Guidelines are available for pediatric emergency triage, assessment and treatment (ETAT).

6.5.2.4 - Implementation of guidelines and outcomes are discussed and reviewed to improve service provision.

6.5.3 - Equipment, drugs and other supplies are readily available to manage emergencies.

6.5.3.1 - There is a tray or trolley with appropriate supplies for intravenous therapy, insertion of nasogastric tubing and drug administration (including pediatric sizes).

6.5.3.2 - The drugs available are in accordance with a specified list, and include those for coma, fits and states of shock (including pediatric doses), and plasma expanders.

6.5.3.3 - There is a document guiding staff in the usage of emergency equipment and drugs.

6.5.3.4 - A designated staff member maintains the required supplies and ensures that emergency materials and drugs are not expired.

6.5.4 - Staff is guided in the safe administration of oxygen.

6.5.4.1 - Oxygen supplies (oxygen cylinders or air enrichers) meet the patient care needs and are stored in accordance with local safety standards.

6.5.4.2 - There are guidelines that guide staff on when and how to use and administer oxygen.

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

6.5.4.4 - Oxygen is administered by qualified staff who are trained on guidelines.

6.5.5 - The healthcare facility follows adequate referral processes for enabling continuity of patient care.

6.5.5.1 - The healthcare facility has prepared a list of appropriate referral facilities for patients in need of (specialized) services not provided at the healthcare facility.

6.5.5.2 - There are protocols defining the situations in which patients are referred.

6.5.5.3 - There is an established process for referring patients for emergency surgical procedures, including caesarian section, when appropriate.

6.5.5.4 - A copy of the referral letter or a reference of referral is available in the patient's record.

6.5.6 - The healthcare facility provides or has access to ambulance services for emergency referrals.

6.5.6.1 - Medical transport/ ambulance vehicles that are used by the healthcare facility are clean, in good condition and are adequately equipped.

6.5.6.2 - The individuals who provide patient care in the ambulance service, have the required training and experience.

6.5.6.3 - There is a flowchart which guides staff in ambulance related communication steps.

6.5.6.4 - Ambulance related activities are monitored and recorded (logbook).

6.6 - Mother and child care

6.6.1 - Where family planning services are provided, sufficient guidance and supplies are available for safe service delivery.

6.6.1.1 - Frequently used contraceptive methods are available.

6.6.1.2 - Qualified staff members provide the contraceptive service.

6.6.1.3 - The chosen method for each patient is recorded.

6.6.1.4 - There is a document/checklist to guide staff in the provision of contraceptive services.

6.6.2 - Where antenatal service is provided, sufficient guidance and supplies are available for safe service delivery.

6.6.2.1 - There is a document/checklist to guide staff in routine tests, observations and examinations to be conducted on pregnant women, and findings are recorded in the patient file.

6.6.2.2 - Qualified staff members provide the antenatal service.

6.6.2.3 - There is a document/checklist guiding staff in counselling pregnant women on adequate nutrition and selfcare during pregnancy, preparation for delivery, family planning and breastfeeding.

6.6.2.4 - There are guidelines for managing complicated pregnancies.

6.6.3 - Where midwifery services are provided, adequate infrastructure and sufficient equipment for safe delivery are in place.

6.6.3.1 - The delivery room has adequate space and privacy and it's furnished with a suitably positioned delivery table, which allows for use in the Trendelenburg or lithotomy positions.

6.6.3.2 - The delivery room has adequate lighting, including an angle-poise lamp, and sufficient ventilation.

6.6.3.3 - Standard surgical/obstetric equipment is available, clean and in good condition

6.6.3.4 - There is a system for disposing safely of placentas.

6.6.4 - Where midwifery services are provided, staff is adequately guided to ensure safe services for mother and child.

6.6.4.1 - Observations during labor are recorded (and signed) on a partograph.

6.6.4.2 - A registered professional with midwifery training is present at every birth.

6.6.4.3 - There is a document guiding staff in reducing the number of maternal deaths in the labor ward.

6.6.4.4 - Information on cases and the outcome of deliveries are discussed and recorded in a register/log book.

6.6.5 - Where midwifery services are provided, there are adequate resources for neonatal care and resuscitation.

6.6.5.1 - Neonatal resuscitation equipment and instruments are available and in a good condition.

6.6.5.2 - There is a guideline on neonatal resuscitation and staff is trained in neonatal resuscitation.

6.6.5.3 - There is a system to identify (tag) newborns and to protect them from unauthorized visitors to the maternity ward.

6.6.5.4 - An Apgar-rating is recorded (and signed) for each new-born baby and staff can explain the score.

6.6.6. - Staff use guidelines to ensure appropriate postnatal services to mother and child.

6.6.6.1 - Guidelines for postnatal care for mother and baby (including emergency care and vaccination) are available.

6.6.6.2 - There is a document which guides staff in providing information on breastfeeding (and options for HIV positive mothers).

6.6.6.3 - There is a document which guides staff in follow-up testing of infants born to mothers with HIV infection.

6.6.6.4 - All tests, results, observations, examinations and information regarding postnatal services provided are recorded and signed.

6.6.7 - Immunization services, when provided, are done in accordance with national guidelines.

6.6.7.1 - Immunizations provided are recorded on child's vaccination card and next appointments are scheduled.

6.6.7.2 - There is a document which guides staff in providing immunizations in accordance with national guidelines.

6.6.7.3 - There is an uninterrupted supply of vaccines for which cold-chain and expiry checks are recorded.

6.6.7.4 - There is a dedicated vaccine fridge and temperature logs are kept current.

6.6.8 - Services are provided to monitor the growth of children.

6.6.8.1 - There are guidelines for monitoring child growth and the child health chart is completed and signed after each visit.

6.6.8.2 - Equipment for monitoring growth is available and operational.

6.6.8.3 - Children with nutritional deficiencies are identified, managed or appropriately referred.

6.6.8.4 - There are guidelines for educating mothers on weaning off breastfeeding and adequate under-5 nutrition.

6.6.9 - Services are provided to promote the health of children.

6.6.9.1 - Health education about dehydration and oral rehydration is provided to parents.

6.6.9.2 - There is a document which guides staff in integrated management of childhood illnesses (IMCI).

6.6.9.3 - Oral rehydration commodities are available to meet the patient needs.

6.6.9.4 - Guidelines for oral health for children are available.

6.7 - TB and HIV services

6.7.1 - When TB services are provided, staff is guided appropriately for effective service provision.

6.7.1.1 - TB treatment complies with (current) national guidelines.

6.7.1.2 - There is an uninterrupted supply of TB medicine in the healthcare facility.

6.7.1.3 - For each individual who is suspected to have TB, HIV diagnosis is also performed.

6.7.1.4 - The healthcare facility has a TB infection control plan, including a system for early detection (coughing) and collection of sputum.

6.7.2 - When VCT/PITC services are provided, guidance and resources are appropriate for effective service provision.

6.7.2.1 - Materials to provide VCT/PITC services are available.

6.7.2.2 - All staff performing HIV testing and counselling activities are qualified and properly trained.

6.7.2.3 - The set-up for VCT/PITC services allows for sufficient privacy/confidentiality for patients.

6.7.2.4 - There is a document which guides staff through national testing algorithm and counselling sessions.

6.7.3 - When ART services are provided, staff is guided appropriately for effective service provision.

6.7.3.1 - Antiretroviral therapy (ART) complies with (current) national guidelines.

6.7.3.2 - Guidelines for PEP (for patients AND staff) and appropriate ART are available.

6.7.3.3 - There are documents which guide staff in provision of appropriate care for HIV-positive obstetric patients.

6.7.3.4 - There is a process that ensures that patients, who are on ART, are monitored.

6.8 - Mental health

6.8.1 - When mental health services are provided, this is done in a coordinated manner.

6.8.1.1 - There is access to mental health expertise, when required (psychiatrist or psychologist.)

6.8.1.2 - All examinations, tests and medications regarding mental health are recorded and signed in the patient file.

6.8.1.3 - Qualified staff manage the mental health service.

6.8.1.4 - There are documents to guide staff in the provision of mental health services.

6.9 - Dental health

6.9.1 - There are adequate resources to provide effective dental services.

6.9.1.1 - There is a qualified dental practitioner/oral hygienist consistent with the services provided.

6.9.1.2 - There is a designated dental area with sufficient dental equipment to meet the patient needs.

6.9.1.3 - Sufficient medication and supplies for local anesthesia are available, and regular expiry checks are recorded.

6.9.1.4 - Assessment, treatment and patient education provided are recorded in the patient file.

6.9.2 - Staff is guided in measures to prevent infection for safe dental services.

6.9.2.1 - There is a document which guides staff in appropriate cleaning and disinfection processes in the dental area.

6.9.2.2 - There is a document which guides staff in the correct use of sterilizing equipment.

6.9.2.3 - Sufficient and appropriate Personal Protective Equipment (PPE) is available.

6.9.2.4 - Appropriate shielding is present and appropriate protective clothing is worn when dental radiography services are provided.

6.10 - Outreach and home based care services

6.10.1 - When outreach and/or home based care services are provided, this is done in a coordinated manner.

6.10.1.1 - Home based care records are kept for each patient and include the type of care, medication and services provided.

6.10.1.2 - The healthcare facility has prepared a planning/schedule to ensure it reaches the whole community they serve during outreach activities.

6.10.1.3 - Staff, transport and resources are available to provide the outreach and/or home based care services.

6.10.1.4 - Health promotion and education are in line with the national objectives or policies and records are kept for topics and area covered for outreach.

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.

SE08 - Surgery & Anesthesia Services

8.1 - Management and staffing

8.1.1 - The surgery and anesthetic services are managed and performed by qualified care providers.

8.1.1.1 - Anesthesia is administered by a qualified anesthesiologist, who operates within their in-country accepted scope of practice.

8.1.1.2 - The theatre and recovery area is managed by a designated professional, who is suitably qualified and/or experienced.

8.1.1.3 - Surgery is performed and assisted by qualified staff who operate within their in-country accepted scope of practice.

8.1.1.4 - Recovery room care is provided by authorized qualified staff who operate within their in-country accepted scope of practice.

8.1.2 - Surgical services are planned and coordinated.

8.1.2.1 - Operating theatre rosters ensure that qualified staff is present for theatre duties and anesthetic assistance.

8.1.2.2 - Surgery is planned and communicated with the relevant caregivers.

8.1.2.3 - The recovery room nurses are allocated for the entire recovery period.

8.1.2.4 - There is an on-call roster for emergency surgery with set response time frame.

8.2 - Preoperative care

8.2.1 - Prior to surgery, all relevant information is recorded to ensure safe practices.

8.2.1.1 - A medical assessment is done by the responsible surgeon prior to surgery.

8.2.1.2 - Informed consent is obtained prior to surgery and anesthesia.

8.2.1.3 - A standardized anesthetic assessment by the anesthesiologist is done prior to surgery.

8.2.1.4 - A standardized nursing assessment is done prior to surgery.

8.2.2 - Appropriate care is made for patients awaiting surgery.

8.2.2.1 - There is a preoperative area (surgery preparation room) for patients awaiting surgery.

8.2.2.2 - The preoperative area is suitably equipped.

8.2.2.3 - There's a document guiding staff in preoperative monitoring of vital signs.

8.2.2.4 - The preoperative monitoring of vital signs is recorded.

8.2.3 - Staff is guided through an appropriate verification process for all patients prior to sedation and/or anesthesia.

8.2.3.1 - There is a document guiding staff in identifying patients, checking informed consent, and verifying nature and site of operation prior to sedation.

8.2.3.2 - Any allergies and administration of preoperative medication (e.g. prophylactic antibiotics 60 min prior to surgery) is verified.

8.2.3.3 - The last oral intake is verified prior to sedation.

8.2.3.4 - A designated nurse/nurse in charge completes a checklist to ensure all staff and equipment is ready for surgery.

8.3 - Operative care

8.3.1 - There are adequate assets in the operating theatre for providing safe care.

8.3.1.1 - There is a functional operating theatre table.

8.3.1.2 - There is a good theatre lamp with a system that ensures continuous power supply.

8.3.1.3 - There is adequate ventilation and temperature control in the operating theatre.

8.3.1.4 - Equipment to cool patients or minimize heat loss is available.

8.3.2 - There is adequate access to medication and supplies in each theatre.

8.3.2.1 - The healthcare facility has emergency trolley supplies for the exclusive use of the anesthesiologist in each theatre.

8.3.2.2 - There is safe and adequate storage space for pharmaceutical and surgical supplies in the operating theatre.

8.3.2.3 - Medication in the operating theatre is kept at the temperature as described by manufacturer.

8.3.2.4 - Expiry dates of medication and supplies are checked regularly.

8.3.3 - Staff is guided in the provision of anesthetic drugs and mixtures.

8.3.3.1 - There is a document which guides staff in the preparation and use of anesthetic mixtures and in procedural sedation (previously referred to as conscious sedation).

8.3.3.2 - The procedures used comply with the current guidelines of a professional society or similar reputable professional body.

8.3.3.3 - Staff is orientated/can explain the guidelines.

8.3.3.4 - All anesthetic agents and mixtures are documented in the patient's record.

8.3.4 - Staff is guided in the use of anesthesia delivery systems and breathing circuits.

8.3.4.1 - A breathing system (oxygen) is available to meet the patient needs, and is clean and in good condition.

8.3.4.2 - There is a document/instructions which guides staff in appropriate usage of the equipment, including cleaning procedure.

8.3.4.3 - The breathing system is included in the general maintenance activities or program.

8.3.4.4 - Records of maintenance activities are available.

8.3.5 - Staff is guided in the use of ancillary equipment.

8.3.5.1 - Sufficient ancillary equipment is available to meet the patient needs, and is clean and in good condition.

8.3.5.2 - The ancillary equipment is in compliance with current national or international guidelines of a professional society.

8.3.5.3 - There are instructions which guides the staff in the appropriate usage of the equipment, including cleaning procedure.

8.3.5.4 - Staff is properly trained and can explain the guideline.

8.3.6 - Staff is guided in the process of monitoring patients during surgery.

8.3.6.1 - The anesthesia/sedation used and the results of monitoring are entered in the patient's anesthetic record and signed.

8.3.6.2 - A qualified individual monitors the patient during the entire period of sedation and/or anesthesia.

8.3.6.3 - Adequate monitoring equipment is available to meet the patient needs, and is clean and in good condition.

8.3.6.4 - There is a document/instructions which guides the staff in appropriate usage of the monitoring equipment, including cleaning procedure.

8.3.7 - Routine procedures during and post-surgery are implemented and documented.

8.3.7.1 - A surgical count of swabs, needles and sharps is performed before incision and prior to cavity closure.

8.3.7.2 - There is a system for obtaining blood from and sending specimens to the laboratory and timely receiving results.

8.3.7.3 - A summary of the operation is recorded in the patient file immediately after surgery.

8.3.7.4 - A summary of the postsurgical plan is recorded in the patient file.

8.3.8 - Staff is guided in emergency situations and resuscitation.

8.3.8.1 - Emergency resuscitation equipment and supplies are available.

8.3.8.2 - Emergency and resuscitation equipment and supplies have clearly defined instructions for use and staff is trained.

8.3.8.3 - Emergency resuscitation equipment is in working order and regularly checked.

8.3.8.4 - There is a telephone/intercom to communicate with persons outside the anesthetizing location.

8.3.9 - When radiation is used, sufficient safety measures are implemented.

8.3.9.1 - Sufficient PPE is available to protect staff from radiation.

8.3.9.2 - There is a document guiding staff when and how to use PPE in the presence of radiographic equipment.

8.3.9.3 - Staff can explain the proper use of radiation related PPE.

8.3.9.4 - Hazard or warning notices are displayed.

8.4 - Postoperative care

8.4.1 - There are adequate equipment/resources in the recovery area for providing safe care.

8.4.1.1 - Sufficient recovery room equipment is available to meet the patient needs, and appears clean and in good condition.

8.4.1.2 - There is an adequate number of recovery beds and sufficient bedlinen for the patients coming from the operating theatre.

8.4.1.3 - There is a document/instructions which guides staff in appropriate usage of the equipment, including cleaning procedure.

8.4.1.4 - Staff is oriented/can explain guideline.

8.4.2 - Patients are monitored during recovery and discharged when appropriate.

8.4.2.1 - Monitoring findings during recovery period are recorded and signed.

8.4.2.2 - There is a document/standardized form which guides staff in monitoring patients during the recovery period.

8.4.2.3 - Established criteria are used to make decisions regarding the patient's discharge from the recovery room.

8.4.2.4 - The anesthesiologist signs the discharge forms for approval.

8.5 - Infection prevention and control (IPC)

8.5.1 - The design and access control of the surgery units are adequate for preventing infections.

8.5.1.1 - The design of the operating theatre and surrounding/assisting spaces provides space for the reception, anesthesia, surgery and the recovery of patients.

8.5.1.2 - Access to the theatre facility is controlled.

8.5.1.3 - Changing rooms are provided with wash and shower facilities and personal belongings can be stored safely.

8.5.1.4 - There is a disinfection area, with stainless steel sinks, running water, and a sewage system.

8.5.2 - Staff is guided in adequate prevention of inter-personal transmission of infections.

8.5.2.1 - Theatre staff is guided in the use of theatre clothing and PPE.

8.5.2.2 - Clean theatre clothes and PPE are available, are in good condition and are used correctly by theatre staff.

8.5.2.3 - Hand hygiene and handwashing guidelines (including scrub) are available.

8.5.2.4 - Staff is orientated/can explain the handwashing processes and there is monitoring of correct handwashing.

8.5.3 - Staff is guided in adequate cleaning and disinfection measures.

8.5.3.1 - There is a procedure that describes cleaning and disinfection practices for all equipment and surfaces in the operation theatre and related areas and staff is aware.

8.5.3.2 - A cleaning schedule is available and kept current.

8.5.3.3 - Sufficient cleaning materials (e.g. various colors of mops) are available and stored appropriately.

8.5.3.4 - Staff (including cleaning staff) is orientated and trained on the cleaning and disinfection procedures.

8.5.4 - The design and facilities of the sterilization area are adequate.

8.5.4.1 - The sterilization area(s) enable a workflow from soiled to clean and areas for dirty, clean and sterile equipment/materials are clearly demarcated.

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

8.5.4.3 - There is sufficient storage capacity for sterilized materials.

8.5.4.4 - The area where sterilized materials are stored is well ventilated.

8.5.5 - Staff is guided in sterilization procedures to prevent infections.

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

8.5.5.2 - The date of sterilization is recorded on the sterile pack.

8.5.5.3 - Autoclave sterility is tested daily and the results are recorded.

8.5.5.4 - All relevant staff is orientated and trained in disinfection and sterilization procedures.

SE09 - Laboratory Services

9.1 - Management and staffing

9.1.1 - The laboratory is managed by qualified care providers.

9.1.1.1 - A designated qualified staff member is responsible for managing the laboratory.

9.1.1.2 - The qualifications of the laboratory staff members correspond with the scope of practice.

9.1.1.3 - New laboratory staff members are orientated on relevant topics.

9.1.1.4 - Records are kept of the training (CME) provided.

9.1.2 - Laboratory services are managed and performed in a coordinated manner.

9.1.2.1 - There are sufficient laboratory staff members to meet the patient needs.

9.1.2.2 - Emergency laboratory services are available, including after-hours services.

9.1.2.3 - Weekly and/or monthly overviews are prepared with total number of tests performed, including positivity rates (HIV, STI, TB etc.).

9.1.2.4 - Weekly/monthly overviews are shared with appropriate staff members in the healthcare facility for review.

9.2 - Infection prevention and control (IPC)

9.2.1 - The infrastructure of the laboratory is adequate for preventing infections.

9.2.1.1 - The lay-out of the laboratory service is in line with the in-country regulations.

9.2.1.2 - The size and bench space of the laboratory is appropriate for the services provided.

9.2.1.3 - Materials used for floors, benches and sinks are in line with the in-country regulations (e.g. easy to clean, no cracks).

9.2.1.4 - Dedicated handwashing facilities including water are available in the laboratory.

9.2.2 - Adequate precautions are taken to prevent infections for staff and patients in the laboratory.

9.2.2.1 - Adequate PPE is available for the laboratory staff (gloves, lab coats, etc.).

9.2.2.2 - Access to the laboratory is controlled.

9.2.2.3 - The laboratory area is well ventilated, enabling safe laboratory practices.

9.2.2.4 - Soap and single use (paper) towels are available for handwashing.

9.2.3 - Staff is guided in procedures to prevent infection.

9.2.3.1 - There is a document guiding staff in waste segregation and disposal.

9.2.3.2 - Staff can explain appropriate use of PPE.

9.2.3.3 - Staff can explain the cleaning and decontaminating processes.

9.2.3.4 - Staff can explain appropriate measures after exposure to infectious agents.

9.3 - Diagnostic processes and guiding documents

9.3.1 - Staff is guided in the process of safe specimen collection.

9.3.1.1 - Sufficient supplies are available in the specimen collection area to enable safe practices.

9.3.1.2 - There are guiding documents for safe handling of specimens.

9.3.1.3 - Specimens are appropriately processed (centrifuged and stored).

9.3.1.4 - Laboratory request forms are available and contain relevant information.

9.3.2 - Staff is guided on proper patient and specimen identification processes.

9.3.2.1 - There are guiding documents for the labelling of specimens throughout the specimen processing activities and these guidelines are followed.

9.3.2.2 - Patients are identified during the specimen collection and reporting process.

9.3.2.3 - Specimens information and results are registered in an organized manner.

9.3.2.4 - Relevant patient information and results are registered in an organized manner.

9.3.3 - Staff is guided to perform the laboratory tests provided.

9.3.3.1 - There is an SOP for each assay/test performed in the laboratory.

9.3.3.2 - There are sufficient kits, reagents and materials to perform the laboratory assays required to meet the patient needs.

9.3.3.3 - Staff can explain the procedures for the laboratory services provided.

9.3.3.4 - There is an organized laboratory manual in which SOPs and related documentation are filed and kept up to date.

9.3.4 - Essential laboratory equipment is available and used appropriately.

9.3.4.1 - Sufficient laboratory equipment is available to meet the patient needs, and are clean and in good condition.

9.3.4.2 - There is a document/instructions which guides the staff in appropriate usage of the equipment.

9.3.4.3 - There is a document/instructions which guides the staff in appropriate cleaning and/or maintenance of the equipment.

9.3.4.4 - Cleaning schedule, maintenance and control logs (where relevant) are kept current (incl. fridge).

9.3.5 - A stock management system is in place that guarantees efficient and quality laboratory services.

9.3.5.1 - All reagents are stored and labelled according to manufacturers' instructions/directives or guiding document.

9.3.5.2 - The laboratory listed all reagents, chemicals, kits and other consumables that are required for the projected services.

9.3.5.3 - Staff monitors and records the status of current stock in the laboratory.

9.3.5.4 - Records of regular expiry checks are kept current, and items expiring shortly are marked.

9.3.6 - Quality control/assurance activities regarding assays/test are performed.

9.3.6.1 - Internal quality controls (IQC) are performed and recorded for each assay/test to verify reagent/kit quality.

9.3.6.2 - There is a documented quality control program in which all quality control aspects are defined.

9.3.6.3 - The laboratory participates in an external quality control (EQC), like a proficiency-testing program or an alternative, for all (specialized) laboratory tests.

9.3.6.4 - The laboratory keeps and maintains records of all the results of the internal quality assurance (IQA) and external quality assurance (EQA) activities and the related corrective actions (CA).

9.3.7 - Reporting of reliable results is performed appropriately and timely.

9.3.7.1 - Results are registered in a logbook in an orderly manner.

9.3.7.2 - Results are reviewed and validated according to assay specific SOPs.

9.3.7.3 - The laboratory has established reference ranges and critical values for all relevant tests.

9.3.7.4 - Turn-a-round times for in-house laboratory tests, as well as those for referral services, are established.

9.3.8 - Referral services are available and appropriately arranged.

9.3.8.1 - A referral register for the referred specimens is kept.

9.3.8.2 - Referral forms are available and used.

9.3.8.3 - There are guiding documents for packaging specimens and transporting them to the referral laboratories.

9.3.8.4 - A list of referral laboratories and laboratory services is available.

9.3.9 - Staff is guided in providing safe blood transfusion services.

9.3.9.1 - There is a dedicated and functioning refrigerator for blood products and back-up is arranged.

9.3.9.2 - Temperature control measures are in place and logs are kept current.

9.3.9.3 - There is a process in place for accessing blood in planned (and emergency) situations.

9.3.9.4 - There is a dedicated administration related to blood transfusion products.

SE10 - Diagnostic Imaging Services

10.1 – Ultrasound

10.1.1 - Staff and referral arrangements are adequate for safe provision of Ultrasound (US) services.

10.1.1.1 - US procedures are performed only by individuals with proper and specific training.

10.1.1.2 - US services are available for the level of care provided at the healthcare facility.

10.1.1.3 - There is an adequate number of qualified/trained staff to meet the patient needs.

10.1.1.4 - Referral US services are available, also for services to be provided outside normal operating hours.

10.1.2 - Ultrasound system and supplies are adequate for safe Ultrasound (US) service delivery.

10.1.2.1 - US system (and supplies) is available and is sufficient to meet the patient needs.

10.1.2.2 - There is an SOP or checklist to guide staff in correctly operating the US equipment.

10.1.2.3 - US equipment is maintained in accordance with manufacturer's instructions.

10.1.2.4 - US equipment is tested and calibrated in accordance with manufacturer's instructions.

10.1.3 - Staff is guided for safe and efficient Ultrasound (US) service delivery.

10.1.3.1 - US requests contain the required information.

10.1.3.2 - There is an SOP or checklist to guide staff in recording and reporting of US results.

10.1.3.3 - An US safety manual (describing potential safety risks and hazards) is available.

10.1.3.4 - Results of US findings are included in patient files and contain a clear conclusion.

10.2 - X-ray

10.2.1 - Staff and referral arrangements are adequate for safe provision of X-ray services.

10.2.1.1 - X-ray services are available for the level of care provided at the healthcare facility.

10.2.1.2 - The X-ray department is managed by a qualified individual with specific training.

10.2.1.3 - There is an adequate number of qualified/trained staff to meet the patient needs.

10.2.1.4 - Referral X-ray services are available, also for services to be provided outside normal operating hours.

10.2.2 - Infrastructure and equipment is adequate for safe X-ray service delivery.

10.2.2.1 - X-ray equipment is available and sufficient to meet the patient needs.

10.2.2.2 - The layout and available infrastructural safety precautions enable safe service provision.

10.2.2.3 - X-ray equipment is maintained in accordance with manufacturer's instructions.

10.2.2.4 - X-ray equipment is tested and calibrated in accordance with manufacturer's instructions.

10.2.3 - X-Ray supplies are adequate for safe and efficient service delivery.

10.2.3.1 - Adequate supplies (films, other reagents) are available to provide regular X-ray services.

10.2.3.2 - All reagents and solutions are properly stored and accurately labelled.

10.2.3.3 - Expiry checks are performed on X-ray supplies and results recorded.

10.2.3.4 - The healthcare facility has prepared a list with essential supplies for X-ray services.

10.2.4 - Radiation safety measures are in place.

10.2.4.1 - A copy of the local rules related to the Ionizing Radiation Regulations is available and these rules are followed.

10.2.4.2 - Appropriate PPE is available for staff to reduce safety risks (e.g. lead aprons, radiation badges).

10.2.4.3 - A radiation safety manual (describing potential safety risks and hazards, including waste disposal) is available.

10.2.4.4 - A copy of the most recent radiation safety report is available.

10.2.5 - Staff is guided for safe and efficient service delivery.

10.2.5.1 - There is an SOP or checklist to guide staff in correctly operating the X-ray equipment.

10.2.5.2 - There is an SOP or checklist for quality and safety controls for the X-ray department and records of results are kept.

10.2.5.3 - Staff are oriented to all relevant procedures and practices and receive continuous medical education.

10.2.5.4 - Quality and safety control outcomes are used for corrective and preventive actions.

10.2.6 - Reporting, interpretation and storage of X-ray results is performed adequately.

10.2.6.1 - X-ray requests contain the required information.

10.2.6.2 - X-ray films are interpreted by qualified staff and results of findings are included in the patient files.

10.2.6.3 - X-ray reports contain a clear conclusion.

10.2.6.4 - The healthcare facility has a system to contact experts in specialized diagnostic imaging areas when needed.

SE11 - Medication Management

11.1 - Management and staffing

11.1.1 - Medication use is managed and organized to enable safe service delivery to meet the patient needs, complies with applicable laws and regulations and is under the direction of a qualified individual.

11.1.1.1 - A designated, licensed individual directly supervises the activities of the pharmacy or pharmaceutical service.

11.1.1.2 - Job descriptions clearly define scope and limitations to the responsibilities and activities of the staff who manage medications.

11.1.1.3 - A written document identifies how medication use is organized and managed throughout the healthcare facility in keeping with applicable laws, regulations and professional practices.

11.1.1.4 - Key members of staff regularly meet to discuss medication management.

11.2 - Stock selection and procurement

11.2.1 - An appropriate selection of medications are in continuous supply or readily accessible at all times.

11.2.1.1 - Medications are available to meet patient needs and alternatives when medications are out of stock.

11.2.1.2 - There is an up to date list of medications that are kept in stock.

11.2.1.3 - There is a (manual or automated) stock management system to ensure that minimum and maximum stock levels are maintained.

11.2.1.4 - There is a process for healthcare workers to obtain medicines within the healthcare facility during the night or when the pharmacy is closed.

11.2.2 - Medications are procured according to guidelines that ensure safety and effectiveness.

11.2.2.1 - A procurement guideline is available and conforms to country-specific requirements regarding a secure supply chain, and regarding specific agents and preferred/approved suppliers.

11.2.2.2 - Where healthcare facility staff transports procured medications themselves, they are guided to ensure this is done according to manufacturers' instructions.

11.2.2.3 - There is a system which allows for effective recalling of drugs and medical devices (e.g. laboratory kits) distributed in the healthcare facility when required.

11.2.2.4 - The medication supply chain is monitored and there is evidence that the medication is procured at preferred, low risk, suppliers.

11.3 - Control and storage of medication

11.3.1 - Adequate storage area(s) and equipment are available for the safe and effective storage of medications (including medical consumables).

11.3.1.1 - The main storage area is protected from heat and light and the temperature is monitored and effectively regulated.

11.3.1.2 - Medications are stored in a lockable storage area or cabinet, which is accessible only to authorized staff.

11.3.1.3 - The size and layout of the storage area(s) is appropriate for the services provided and is well ventilated.

11.3.1.4 - Where necessary, a dedicated refrigerator for medication is available and the temperature is monitored.

11.3 - Control and storage of medication

11.3.2 - Hazardous and controlled medications are properly stored and are properly labelled.

11.3.2.1 - Medications are labelled with essential information according to national regulations.

11.3.2.2 - Where DDA (dangerous drug act) medication is available these are clearly labelled and controlled.

11.3.2.3 - Hazardous and flammable materials are clearly labelled and stored appropriately.

11.3.2.4 - All pharmaceuticals, vaccines or medical consumables are regularly checked for expiry dates and checks are recorded.

11.4 - Prescribing and dispensing of medication

11.4.1 - Medications are prescribed in a safe and controlled manner.

11.4.1.1 - Prescriptions contain all relevant information according to the national guidelines.

11.4.1.2 - The healthcare facility has identified those staff members that are authorized to prescribe medication.

11.4.1.3 - Prescription pads and order books are accessible to authorized persons only.

11.4.1.4 - When verbal/telephonic medication orders are used, they are written down and verified according to legislation and/or healthcare facility policy.

11.4.2 - The healthcare facility dispenses medications in a safe and controlled environment and according to patient needs.

11.4.2.1 - There is a clean, well ventilated, designated area with good lighting for preparing and dispensing medication.

11.4.2.2 - The dispensing area is adequately furnished and allows for privacy for patients.

11.4.2.3 - Prescriptions are securely stored to protect patient confidentiality and avoid abuse.

11.4.2.4 - Dispensing staff informs the patient of available generic equivalents.

11.4 - Prescribing and dispensing of medication

11.4.3 - A system is used to dispense the correct medication in the right dose to the right patient.

11.4.3.1 - Medications dispensed are clearly labelled with the name of the medication, dose, name of the patient, date and instruction for use.

11.4.3.2 - There is a uniform medication dispensing and distribution system in the healthcare facility that supports accurate and timely dispensing.

11.4.3.3 - A standard operating procedure (SOP) guides dispensing staff to check and review written instructions of a designated healthcare worker for drug dispensing.

11.4.3.4 - Dispensing staff has quick access to patient information to check for allergies or contra-indications for particular medications.

11.5 - Administration of medication

11.5.1 - There is a mechanism for facilitating communication between the doctor and pharmacy regarding drug reactions.

11.5.1.1 - Staff is guided in recording and reporting of medication errors or adverse drug reactions.

11.5.1.2 - Adverse drug reactions are recorded and reported in accordance to healthcare facility policy.

11.5.1.3 - Adverse drug reactions and medication errors are discussed in medical meetings.

11.5.1.4 - There is evidence that active follow up is performed in relation to adverse drug reactions and medication errors.

SE12 - Facility Management Services

12.1 - Buildings and utility systems

12.1.1 - The healthcare facility and compound are managed to ensure safe and effective services.

12.1.1.1 - The building is appropriate as a healthcare facility in terms of size, lay-out, and accessibility.

12.1.1.2 - Utility systems are maintained in good condition and do not pose hazards to patients and staff.

12.1.1.3 - Ventilation permits effective air flow and temperature control mechanisms are provided and maintained in areas where this is critical.

12.1.1.4 - All relevant areas have mesh windows and doors.

12.1.2 - The healthcare facility has established maintenance and repair services to ensure safe and effective healthcare services.

12.1.2.1 - The healthcare facility ensures technical backup services, either through on-call staff or through contracted maintenance services.

12.1.2.2 - A designated, competent individual is responsible for supervising (preventive) maintenance and repairs of the healthcare facility buildings, equipment, and utility systems.

12.1.2.3 - Basic maintenance equipment, tools, and spare parts are available.

12.1.2.4 - Maintenance activities to the building, plant and installations are recorded in a maintenance record book.

12.1.3 - The healthcare facility implements a preventive maintenance program for infrastructure.

12.1.3.1 - Inspections of the infrastructure are regularly conducted and documented.

12.1.3.2 - The organization plans and budgets for the refurbishing and/or upgrading of the infrastructure.

12.1.3.3 - There are site and floor plans that depict the locations and layout of the main ancillary services (e.g. water, sanitation, and electricity supply) and medical gas shut off valves.

12.1.3.4 - The healthcare facility has an established, documented, preventive maintenance plan for the infrastructure.

12.1.4 - The healthcare facility has an adequate electrical supply system.

12.1.4.1 - Electrical power is guaranteed for critical equipment from regular or back-up (emergency) sources.

12.1.4.2 - Sufficient light sources (natural or electrical) are available to provide adequate light.

12.1.4.3 - Sufficient electrical socket outlets are provided in all areas to avoid overloading of individual outlets and minimize fire risks.

12.1.4.4 - There is documented evidence that emergency power (backup) systems (generators, uninterrupted power) are regularly tested and maintained.

12.1.5 - The healthcare facility has an adequate water supply system for regular and emergency situations.

12.1.5.1 - Clean water supplies are guaranteed, from regular or emergency sources, in all essential areas.

12.1.5.2 - Where water is collected from natural water sources, water filters are available to remove mud and dust particles.

12.1.5.3 - The healthcare facility has identified which areas are to be prioritized when water is scarce.

12.1.5.4 - Water derived from natural sources, which is used for drinking, is tested and the results are documented.

12.1.6 - The healthcare facility has an adequate and effective sewerage system which is regularly inspected and maintained.

12.1.6.1 - The healthcare facility has an enclosed sewerage system.

12.1.6.2 - Where there is a septic tank(s), the system is properly functioning.

12.1.6.3 - All drains and manholes are appropriately covered.

12.1.6.4 - The sewerage system is well maintained.

12.1.7 - Functional and clean toilet facilities and washrooms are available for the patients and staff.

12.1.7.1 - Toilet/washroom facilities are clean and in working order.

12.1.7.2 - There are sufficient toilet and washrooms available both for staff and patients.

12.1.7.3 - There are handwashing facilities with water, soap and single use (paper) towels in the toilets.

12.1.7.4 - There are separate toilets for males and females to provide privacy.

12.2 – Equipment

12.2.1 - Medical equipment is inspected, tested, and maintained.

12.2.1.1 - The healthcare facility keeps records of age, physical condition, and maintenance performed on all (medical) equipment.

12.2.1.2 - The medical equipment available is appropriate to meet the needs of the patients.

12.2.1.3 - A designated and qualified individual supervises the management of medical equipment in the healthcare facility.

12.2.1.4 - Policies and procedures guide the management of medical equipment including procurement, testing, preventive maintenance, and repair of defective equipment.

12.2.2 - The healthcare facility has adequate and safe medical gas equipment which is regularly inspected and maintained.

12.2.2.1 - Adequate and safe medical gas supplies (oxygen, nitrous oxide and medical air) and ancillary equipment are available to meet the needs of the healthcare facility.

12.2.2.2 - Emergency supplies of medical gas are available to meet the needs of the healthcare facility and are strategically positioned to enable rapid access.

12.2.2.3 - In healthcare facilities with piped gas, the healthcare facility ensures maintenance and cleaning of all elements of the system.

12.2.2.4 - In healthcare facilities with piped gas, the medical gas system is fitted with an alarm, low pressure alarms are tested, and corrective actions documented (if applicable).

12.2.3 - The healthcare facility has adequate and safe medical vacuum equipment which is regularly inspected, tested, and maintained.

12.2.3.1 - Vacuum/suction equipment and supplies are available to meet the needs of the patients.

12.2.3.2 - Alternative suction devices are available in case power cuts occur.

12.2.3.3 - Where a piped vacuum system is used, it provides sufficient suction to all piped vacuum points in the healthcare facility.

12.2.3.4 - Where piped vacuum systems are used, they are regularly tested, and all tests and corrective actions are documented.

12.3 – Equipment

12.2.4 - ICT (Information Communication Technology) equipment is adequate to meet the needs of the healthcare facility and is properly maintained.

12.2.4.1 - The supply of ICT equipment is adequate to meet the operational requirements of the healthcare facility.

12.2.4.2 - A designated individual is responsible for management of ICT equipment or appointed to liaise with an external ICT maintenance company.

12.2.4.3 - All desktop and server computers are attached to an uninterrupted power supply (UPS) with surge protection.

12.2.4.4 - Timely back-ups are performed to ensure that all relevant data are safeguarded.

SE13 - Support Services

13.1 - Food service management

13.1.1 - The food service is managed and staffed to ensure safe and effective provision of services.

13.1.1.1 - A qualified individual is responsible for the day-to-day operation of the food service.

13.1.1.2 - Access to the food preparation area is limited to individuals who are preparing or serving food.

13.1.1.3 - Kitchen staff implements general food hygiene, health, and safety precautions.

13.1.1.4 - A kitchen manual describes the overall processes to guide the staff in food service.

13.1.2 - The food service area allows for safe food preparation.

13.1.2.1 - There are separate handwashing facilities in the food preparation area, with soap, water, single-use (paper) towels.

13.1.2.2 - The food preparation area is adequately ventilated and temperature is monitored.

13.1.2.3 - Windows in the food preparation area have fly screens or alternative measures for fly control are available.

13.1.2.4 - The food preparation area is inspected and approved by the regulatory authority to ensure adherence to health and safety regulations.

13.1.3 - Basic food service hygiene measures are in place.

13.1.3.1 - Food service equipment, floors, and walls are cleaned on a daily basis.

13.1.3.2 - Staff are constantly reminded of the importance of effective handwashing.

13.1.3.3 - There are adequate changing rooms and washrooms for food-handlers.

13.1.3.4 - There is a procedure that guides staff to report infectious diseases in the facility.

13.1.4 - Food products and meals are hygienically prepared, and served.

13.1.4.1 - Potentially high risk food are kept separately.

13.1.4.2 - Separate cutting boards are used for different food preparation processes and different types of food.

13.1.4.3 - Food is kept for a minimal amount of time after cooking and before serving.

13.1.4.4 - Food waste is put in covered containers and removed without delay from places where food is prepared.

13.1.5 - Food is stored in an appropriate and safe manner.

13.1.5.1 - Foods are covered, and stored off the ground on shelves of impenetrable material.

13.1.5.2 - Food is stored at the proper temperature.

13.1.5.3 - Different types of food (supplies) are stored in separate and clearly marked areas.

13.1.5.4 - Stock is rotated using the “First Expiry, First Out” principle.

13.2 - Linen service management

13.2.1 - The linen service is managed and staffed to ensure safe and effective services.

13.2.1.1 - Laundry staff is orientated and aware of general hygiene, infection control, and safety precautions.

13.2.1.2 - A designated and qualified individual is responsible for the day-to-day operation of the linen service.

13.2.1.3 - A linen manual describes the overall processes regarding linen management.

13.2.1.4 - Laundry staff training records are kept.

13.2 - Linen service management

13.2.2 - The area(s) where laundry activities are performed support hygiene and infection control.

13.2.2.1 - The laundry area(s) provides a clear flow of laundry with clearly demarcated areas for soiled and clean linen.

13.2.2.2 - There is a designated space for laundry which is adequate to deal with the work load.

13.2.2.3 - The washing equipment (e.g. machines, presses) is sufficient to meet the needs of the healthcare facility.

13.2.2.4 - The clean linen is securely stored to maintain hygiene.

13.3 - Cleaning service

13.3.1 - The cleaning service is staffed and managed to ensure safety and effectiveness of the services provided in the healthcare facility.

13.3.1.1 - Cleaning staff is aware of general hygiene, infection control, and safety precautions.

13.3.1.2 - A qualified individual is responsible for the day-to-day operation of cleaning/housekeeping service.

13.3.1.3 - A housekeeping manual describes the overall housekeeping processes.

13.3.1.4 - A cleaning roster is available and activities are logged.

13.3.2 - The cleaning area(s) within the healthcare facility supports hygiene and infection control.

13.3.2.1 - Mops and brooms are cleaned and dried before being stored.

13.3.2.2 - Adequate storage space is available for cleaning equipment (e.g. mops, brooms).

13.3.2.3 - Chemicals for cleaning are safely stored out of reach of patients, children and visitors.

13.3.2.4 - Cleaning cupboards are ventilated.

13.3.3 - The waste disposal system supports infection control.

13.3.3.1 - The healthcare facility has, and has implemented, standard operating procedures for the safe segregation, collection and transportation of all types of waste.

13.3.3.2 - Bags/containers are color-coded or clearly labelled to indicate the type of waste.

13.3.3.3 - Prior to incineration or collection, waste is stored in a dedicated and secure location.

13.3.3.4 - Waste is collected regularly, within the different departments/units within the healthcare facility, to prevent hazardous overfilling of containers.

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